

2018 OBA/YLD EXPENSE REIMBURSEMENT CLAIM FORM

Must be submitted no more than 45 days from event. Submit this form and documentation to jordan.haygood@ssmhealth.com

Name: _____ OBA No.: _____

Address: _____

FILL OUT THE FOLLOWING SECTION FOR REIMBURSEMENT

Date of Event(s): _____ Purpose/Committee: _____

Origin and Destination : _____

Airfare

[If airfare not purchased 21 days in advance of travel an affirmative vote allowing the expenditure must occur prior to allowance]

Ground Trans. to YLD Hotel from Airport

[cannot exceed the lesser of the actual cost or \$30.00]

Ground Trans. to Airport from YLD Hotel *[cannot*

exceed the lesser of the actual cost or \$30.00]

Mileage (miles at .545 per mile)

Tolls

Parking

Meals

Hotel

Transportation fare

Registration Fee for Event

[must be early-bird]

Event Registration

[e.g. dinner/dance]

Other:

Total:

Claimant Signature _____ Date: _____

Any expenses exceeding \$10.00 must be sufficiently described. Be advised that unless fully funded, expenses for transportation, meals, and hotel may not exceed \$200 daily per diem.