



Travel Reimbursement Request

REIMBURSEMENT REQUESTED FOR:

Name: Phone:

Address:

Purpose of Trip:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Lodging							
Breakfast							
Lunch							
Dinner							
Tips							
Parking							
Transportation							
Mileage							
Auto Expense							
Miscellaneous							
Daily Total							

Explanation of Miscellaneous Expenses: _____

Total Expenses for Week:

Cash Advance:

Amount Due:

Signature: _____ Date: _____

Amount Paid: _____ Check #: _____ Check Date: _____

Account: _____ Category: _____

Approved By: _____

Send to Garvin Tsuji at fwatatreasurer@gmail.com or
 Mail it to: 758 Kapahulu Ave. Suite 100 Box #962, Honolulu, HI 96816