



Send form along with original receipts, to: Steve Sobelman, Ph.D., 2901 Boston St. #410, Baltimore, MD 21224 DO NOT SEND TO CENTRAL OFFICE.

DIVISION OF PSYCHOTHERAPY TRAVEL EXPENSE REPORT

Name _____ Date _____

Mailing Address _____

Board/
Committee Position _____

Meeting Attended _____

Location _____

Date Expense Incurred					TOTAL
Transportation Air, Bus, Rail					
Local Transportation Taxis, etc					
Personal Automobile # mile X .50/mile					
Parking & Tolls					
Lodging Hotel room/taxes only					
Meals (include tips) Breakfast					
Lunch					
Dinner					
Other Expenses (specify)					
TOTAL					

Explanations (as needed):

Notes: IRS ruling requires that original receipts must be attached for all expenses, regardless of amount. Reimbursement for meals will generally not exceed \$15-Breakfast; \$20-Lunch; and \$50-Dinner per person, excluding group meals provided by the Division.

Subtract advances or
prepaid expenses (if any) _____

Amount due traveler _____

Signature of Traveler _____

Approved by _____

Charged to _____

Please retain one copy of the reimbursement for your records. Submission of request must be made within 30 days following the activity.

Division 29 Central Office, 6557 E. Riverdale St., Mesa, AZ 85215
(602) 363-9211