



Department of Community Affairs LRAP Grantee Travel Reimbursement Request

Employee Name:	
Employee Title:	
Employee Address:	
Agency Name:	
Agency Address:	

#	Date	Description	Miles	Tolls	Parking
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
Total Miles to be Reimbursed @ \$0.70:					
Subtotals:					
Total Reimbursement Amount:					

I certify that the above mileage, tolls, and parking costs are correct and were incurred by me in my professional duties for the Lead Remediation and Abatement Program.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervisor Name: _____

Remember to submit proof of all charges along with this request form.