

# WESTAR Expense Claim

This PDF will only work if using Adobe Acrobat Application - use the other form if not using Acrobat

Name of Attendee:				Name of Meeting:			
Agency:				Meeting Location:			
Date Submitted:				Meeting Dates:			
Attendee's Signature <i>(required for processing)</i> :							
Payable To:				Work Phone #:		ext.	
Address:				Work Fax #:			
City:				State:			
Zip:				Email:			
Expense Itemization	Date	Date	Date	Date	Date	Date	Total
<i>[Rates effective Mar 3, 2022]</i>							
Breakfast (\$16)							
Lunch (\$17)							
Dinner (\$31)							
Lodging							
Air Fare							
Ground Transportation							
Car Rental Expense							
Rental Car Gas							
Parking							
Other							
Car Mileage (\$0.585/mile)							
<b>Total Reimbursement Requested</b>							
<b>Comments:</b>							
Are Original Receipts Attached??? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)							
Supervisor/Coordinator Signature <i>(required for processing)</i> :							

**Submit To: WESTAR Council**  
**3 Caliente Rd #8**  
**Santa Fe, NM 87508**  
 Fax Number: 505-954-1216  
 Email: jgadret@westar.org

\*\*Reimbursement requested must comply with expense limitations and travel policy adopted by WESTAR Council.