



DPA Form-11
TRAVEL/EXPENSE REIMBURSEMENT REQUEST
Convention, Mid-Term or Other

Name: _____ Address: _____

Phone: _____ E-mail: _____

Post No: _____ District: _____

Department Position: _____

Item	Details	Amount Claimed	Amount Paid
* R/T Air Fare	From: _____ To: _____	\$ _____	\$ _____
Inland Transport		\$ _____	\$ _____
Departure Tax	Country of Departure: _____	\$ _____	\$ _____
Departure Tax	Country of Meeting: _____	\$ _____	\$ _____
Hotel Charges		\$ _____	\$ _____
** Other	Specify: _____	\$ _____	\$ _____
Total Claim		\$ _____	\$ _____

* Copy of actual ticket and credit card or travel agent receipt required.

** Attach evidence or signed statement.

Preferred Method of Reimbursement: Check Direct Deposit

Name of Bank/ Credit Union:	Routing No.
Name on Account:	Account No.

INFORMATION REQUIRED FOR ELECTRONIC TRANSFER

Claimants Signature: _____ Date: _____

For DPA QM Use Only:

Date Paid: _____ Amount: _____ Check or Voucher No. _____

DPA QM: _____ (NAME) _____ (SIGNATURE)