

**Ross Professional Services, LLC (RPS)
Travel Reimbursement Sheet**

You must fill out this sheet in order to receive reimbursement for authorized travel.

Date:

Employee Name	
Agency Name	
Mode of Transportation	
Departure City, State	
Destination City	

AUTO MILEAGE (roundtrip based on GSA annual rate)	
PARKING, TOLLS, OTHER AUTO, etc.	
OTHER TRANSPORTATION*	
MEALS *	
HOTEL *	
INCIDENTALS*	

TOTAL COST (excluding mileage)	\$
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****Reimbursement is only for travel requiring 12 hours or more of work. Attached receipts are required.***