



# PRIME TIME, INC.

## Travel Reimbursement

### Office Use Only

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Class: \_\_\_\_\_  
 Memo: \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_

DATE: \_\_\_\_\_

HOST SITE NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_

Please see the travel information for details on travel expenses that are eligible for reimbursement and the applicable reimbursement levels. PRIME TIME, Inc. will not reimburse for ineligible expenses or those that are not appropriately accompanied by receipt copies and a map of the route.

ITEM OR REASON	POINTS OF TRAVEL	DATE	AM/ PM	AUTO MILES @.50	AMOUNT
<b>Total Miles:</b>	—————→				
<b>TOTAL Reimbursement: \$</b>					

*Return with any original receipts to:*

PRIME TIME, Inc.  
 938 Lafayette St., Turner's Hall  
 New Orleans, LA 70113-1027  
 Fax: (504)-529-2358  
 Email: primetime@leh.org

SIGNATURE: \_\_\_\_\_