

DPA FORM-11 (Rev. 06/26/19)
 TRAVEL/EXPENSE REIMBURSEMENT REQUEST
Convention, Mid-Term or Other

Name: _____ Address: _____

Tel: _____ E-mail: _____

PostNo: _____ District: _____

Department position: _____

Item	Details	Amount Claimed	Amount Paid
R/T air ticket*	From: _____ To: _____	\$ _____	\$ _____
Inland Transport		\$ _____	\$ _____
Departure Tax	Country of departure: _____	\$ _____	\$ _____
Departure Tax	Country of meeting: _____	\$ _____	\$ _____
Hotel charges		\$ _____	\$ _____
Other	(Attach evidence or signed statement)	\$ _____	\$ _____
Total Claim		\$ _____	\$ _____

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

Check the box if the following is desired:

Paid by check

Completed copy this claim

Electronic transfer to Bank/Credit Union

INFORMATION REQUIRED FOR ELECTRONIC TRANSFER

Bank/Credit Union Name:	Routing #:
Name on Account:	Account #:

Remarks: Following are additional information on charges: _____

Claimant Signed: _____ Date: _____

DPA QM Received: _____ Date: _____

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For Department QM use only:

Date paid: _____ Amount: \$ _____

Check No: _____ or if electronic transfer Voucher No. _____

Dept. QM (signed): _____