

**Appendix V
Huntsville Physicians Local Education Group Travel Expense
Form**

Pay To:

Name:

Address:

Event/
Course
Attended:

For Office Use Only:

Date Received:

Total Paid:

Date Paid:

Authorized By:

	Date (mm/dd/yyyy)	Description	Total Amount (for duration of Event/Course)
		Mileage _____ km x \$0.66	
		Car Rental	
		Airfare	
		Accommodations (# of nights _____)	
		Parking	
		Breakfast	
		Lunch	
		Dinner	

Total Due to Claimant:

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Payee Signature:		Authorizer Signature:	
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Date:		Date:	
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Travel Expense Reimbursement Policy
The Huntsville Physicians Local Education Group reimburses individuals travelling for LEG related activities at the current NOSM travel rates to a maximum of each submission is \$1000 per day and \$2000 per event.

Updated December 2023