



Expense Reimbursement Report Name

Specify a report name that follows your department policy or department naming convention.
Report Name:

The Profile must be accurate before continuing with this form. Current Profile information for key fields is displayed below. Additional Profile fields, such as name, email, and LTA addresses may need to be updated.
If Profile changes are needed, click Cancel to exit this form and return to the work queue to update the Profile.

CB Identifier:
Default Approver:

Mailing Address:
Street: City:
State: Zip Code:

Trip Information
Please enter the requested information.
Was Trip > or = 50 miles from Home/Headquarters?

First Date of Trip: Start time:
Last Date of Trip: End time:
Trip Location:
Trip Purpose:

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Trip Location:
Trip Purpose:

- If submitted by self, use the following format:
Index number + Fiscal year + Brief descriptions of trip(s)

Report name: Index + Fiscal year + Trip name(s)
Example: 1234 – 2012 – ABC fire



- If submitted by an assigned submitter, use the following format:
Index number + Fiscal year + Claimant Name + Brief descriptions of trip(s)

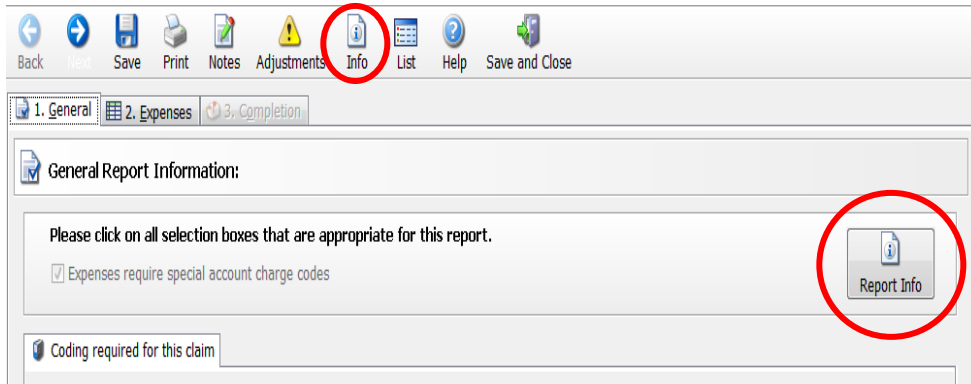
Report name: Index + Fiscal year + Claimant name + Trip name(s)
Example: 1234 – 2012 – John Adams – ABC fire

Notes: All claims with incorrect report names will be returned for correction which will delay payment of claim.



Expense Reimbursement Report Name

When a returned claim is received, click  icon or  button to bring up the “Expense Reimbursement” report name screen.



Change the report name as required then go through all tabs and resubmit it.

