

Return Travel Checklist

CME Date (s) _____

Date: _____ Home Departure Time: _____

Date: _____ Hotel Arrival Time: _____

_____ Conference: Agenda

_____ Conference: Registration

_____ Air Transportation: Baggage fee receipts, original boarding pass for each flight

_____ Ground Transportation: Hotel parking, taxi/shuttle, and tolls receipts

_____ Hotel: Receipt at check-out showing all itemized charges and a zero balance

Date: _____ Hotel Departure Time: _____

Date: _____ Home Arrival Time: _____

***All **ORIGINAL** receipts will need to be submitted to the respective administrative assistant for travel reimbursement within 10 days after return date. ***