

TRAVEL EXPENSE REIMBURSEMENT FORM

Use a separate form for each contract

Date:

Act Name:

Legal Name:

Email:

Return this completed form along with all original receipts to:

Marilyn Rivera Castillo
 Royal Caribbean International
 1050 Caribbean Way
 Miami, FL 33132

For questions and/or concerns:
 mriveracastillo@rccl.com

This area for RCI use only

Ship: _____ **Contract Start Date:** _____ **Contract End Date:** _____

Approved by: _____ **Date entered:** _____

Date expense incurred	Nature of expense	Currency paid in (i.e. USD, GBP)	Amount of expense
			\$

Claimant's Signature

Date

TOTAL	\$	-
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