

TRAVEL REIMBURSEMENT REQUEST FORM

Name: _____ University ID Number: _____
 Title: _____ *Currently Employed? (For Grad Student Only)* Yes No
 Email Address: _____ Trip Destination: _____
 Funding Source if known: _____ Trip Date: *from* _____ *to* _____
 Mailing Address: _____

Purpose of the Trip (enter a detailed description of the research or conference/meeting title; attach program):

Means of Transport

<i>Air Travel (check one or multiple)</i>	Amount
<input type="checkbox"/> Total cost of Airfare <i>*Flight itinerary with proof of payment is required.</i>	_____
<input type="checkbox"/> Baggage Fees <i>*Itemized receipt with proof of payment is required.</i>	_____
<i>Ground Transportation (check one or multiple)</i>	
<input type="checkbox"/> Privately Owned Automobile Total roundtrip # of mile: _____ miles x 58.5¢: <i>*Google Maps printout is required.</i>	_____
<input type="checkbox"/> Rental Automobiles <i>*Itemized receipt with proof of payment required.</i>	_____
<input type="checkbox"/> Others (such as Taxi, Bus, Trains, Parking, Tolls) <i>*Receipts are required – limousines/driver servers are not allowed.</i>	_____

Meals, Incidental Expenses, & Lodging

<i>Domestic (check one or multiple)</i>	
<input type="checkbox"/> Total Meals (Actual expense up to \$62 per day). <i>*Itemized receipts with proof of payment are required.</i>	_____
<input type="checkbox"/> Lodging <i>*Itemized lodging receipts with proof of payment are required.</i>	_____
<i>International (check one or multiple)</i>	
<input type="checkbox"/> Total Meals (Actual)	_____
<input type="checkbox"/> Lodging (Actual) <i>*If expense is greater than per diem due to special or unusual circumstances, submit a written explanation for the expense claim.</i>	_____
<input type="checkbox"/> Per Diem Claim (# of days): Meals _____ Lodging _____ <i>*By claiming per diem, you are agreeing to provide receipts should there be an external audit.</i>	

Other Expenses

Registration Fees/ Other: _____
**Receipt is required – registration fees must show proof of payment.*

TOTAL COST: _____

I certify that the information on this form is accurate to the best of my knowledge, and that I will not claim reimbursement from any other source for these expenses.

Requester Signature: _____ Date: _____