

## 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

Air Travel ( <i>check one or multiple</i> )	Amount
<input type="checkbox"/> Total cost of Airfare *Flight itinerary with proof of payment is required.	_____
<input type="checkbox"/> Baggage Fees *Itemized receipt with proof of payment is required.	_____
 Ground Transportation ( <i>check one or multiple</i> )	
<input type="checkbox"/> Privately Owned Automobile Total roundtrip # of mile: _____ miles x 62.5¢: *Google Maps printout is required.	_____
<input type="checkbox"/> Rental Automobiles *Itemized receipt with proof of payment required.	_____
<input type="checkbox"/> Others (such as Taxi, Bus, Trains, Parking, Tolls) *Receipts are required – limousines/driver servers are not allowed.	_____

### Meals, Incidental Expenses, & Lodging

Domestic ( <i>check one or multiple</i> )	
<input type="checkbox"/> Total Meals (Actual expense up to \$79 per day). *Itemized receipts with proof of payment are required.	_____
<input type="checkbox"/> Lodging *Itemized lodging receipts with proof of payment are required.	_____
International ( <i>check one or multiple</i> )	
<input type="checkbox"/> Total Meals (Actual)	_____
<input type="checkbox"/> Lodging (Actual) *If expense is greater than per diem due to special or unusual circumstances, submit a written explanation for the expense claim.	_____
<input type="checkbox"/> Per Diem Claim (# of days):      Meals _____      Lodging _____ *Documentation (receipt, folio, bank statement, etc.) are required to claim per diem.	

### 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: \_\_\_\_\_