

GUEST: TRAVEL REIMBURSEMENT REQUEST FORM

Name: _____ Type of Guest: Domestic International
 Title: _____ Trip Date: from _____ to _____
 Email Address: _____ For International Guest:
 Affiliation (Univ./Org.): _____ U.S. Citizen? Yes No
 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>	_____
Ground Transportation (check one or multiple)	
<input type="checkbox"/> Privately Owned Automobile Total roundtrip # of mile: _____ miles x 70¢ <i>*Google Maps printout is 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

Domestic (*Actual expense up to \$92 per day*).
**Itemized receipts with proof of payment are required.*

Day 1	_____	Day 2	_____
Day 3	_____	Day 4	_____
Day 5	_____	Day 6	_____
Day 7	_____	Day 8	_____

Other Expenses

Other Fees: _____
**Receipt is required – 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.

Signature of payee: _____ Date: _____