

**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**

*Air Travel (check one or multiple)*

**Amount**

- Total cost of Airfare \_\_\_\_\_  
\*Flight itinerary with proof of payment is required.
- Baggage Fees \_\_\_\_\_  
\*Itemized receipt with proof of payment is required.

*Ground Transportation (check one or multiple)*

- Privately Owned Automobile  
Total roundtrip # of mile: \_\_\_\_\_ miles x 70¢: \_\_\_\_\_  
\*Google Maps printout is required.
- Others (such as Taxi, Bus, Trains, Parking, Tolls) \_\_\_\_\_  
\*Receipts are required – limousines/driver servers are not allowed.

**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: \_\_\_\_\_