



Travel Reimbursement Form

Instructions

Please complete this form and attach all receipts. Once completed, email the form to your department's business office.

Name:

Home Address:

City:

State:

Zip Code:

Phone Number:

E-mail:

Choose one: Reimburse Traveler

Reimburse Corporate Card

Account(s) to be charged:

Purpose of trip Please provide a detailed explanation of your trip and how it pertains to the university.

Departure Date:

Return Date:

From:

To:

Airfare Amount:

Personal Car Mileage:

License Plate:

State:

Meals & Incidentals (Incidentals can include fees and tips given to waiters/waitresses, bellhops, hotel maids, etc. Totals of meals and incidentals are not to exceed \$62.00 per day.

Date	Breakfast	Lunch	Dinner	Incidental	Total

Miscellaneous Expenses (Hotel, parking, taxi, registration, baggage fees, tolls, etc.)

Total:

Item Description	Amount	Item Description	Amount
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Notes Please use this space for any explanations (i.e. currency other than USD) and expenses you don't see on this form.