Travel Reimbursement Information

Traveler Name:

***Required Information**

Depart Date:

***Depart Time:**

Return Date:

***Return Time:**

Departure City:

State:

Destination City:

State:

Travel Purpose:

Please fill out your daily meal expense: *
(actual amounts and receipts required)

Date	Breakfast	Lunch	Dinner

*Receipt Required

Mileage at .285/ mile

Mileage Total: 0

***Airfare Paid by Traveler:**

***Car Rental:**

***Registration:**

Parking:

Receipt required if over $4.99

Phone/Fax (Business purpose only)

Please fill out your **Daily hotel expense including taxes**: (**Receipt Required**)

If room shared with another paying person, receipt should be for your share only or notation made as to the portion of the entire bill for which you are responsible. If your spouse travelled with you, what was the cost of a "single room" or provide documentation that single and double rate were the same.

Cost of single

Date	Cost

***Photocopies (Business Purpose only)**

Cabs/Shuttles:

Date	Cost

Signature of PI

Signature of Traveler

Account Number(s) & Amount(s)