

University Travel Reimbursement Form

1. Name: _____ UIN: _____

All items must be completed and the form must be signed or it will be returned to you for completion. Please mark NA where applicable

2. Purpose/Reason for Travel and how it benefits the University:

3. If conference – conference name/location: _____

Conference dates: _____ Conference Registration Fee: _____

4. Funding Source/C-FOAPAL:

Faculty Dev Provost Chancellor Schewe Other _____

5. Per Diem

a. Date and Time of day you left for trip: _____

b. Date and Time of day you returned from trip: _____

c. If any meals were provided by someone else or included with your stay (i.e. as part of a conference package, continental breakfast at hotel, etc.) please place a check next to the meals provided to you in the boxes below. **You will not receive per diem for these meals.** Please see Toni or Jamie in the Dean's Office in regard to dietary restrictions not supported by the conference.

	Breakfast	Lunch	Dinner
Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Total Airfare, train, taxi, bus, etc. (please attach receipts): _____

7. Personal Car or Rental (If rental, please attach receipts)

Miles traveled in personal car: _____ Round Trip Yes No

Starting location: _____ Ending location: _____

8. Hotel Costs (shared room? Yes No)

With? _____ Their affiliation? _____

a. Was this a conference hotel? Yes No (please provide documentation such as conference brochure and attach receipts)

b. Total Cost per Hotel (please attach receipt) _____

c. Internet Fee (please provide receipt) _____

Other Reimbursements-please list and provide receipts

Item #1 _____ Amount: _____

Purpose: _____

Item #2 _____ Amount: _____

Purpose: _____

Item #3 _____ Amount: _____

Purpose: _____

Item #4 _____ Amount: _____

Purpose: _____

Item #5 _____ Amount: _____

Purpose: _____

Item #6 _____ Amount: _____

Purpose: _____

Item #7 _____ Amount: _____

Purpose: _____

Item #8 _____ Amount: _____

Purpose: _____

Notes/Additional Details:

Signature: _____

Date: _____