

TRAVEL & EXPENSE

Name: _____ **Destination:** _____

Departure Date & Time: _____ **Return Date & Time:** _____

Reason for Trip: _____

ITEM	Reimbursement Details	Amount
Mileage In Personal Car		
<p>The allowed Meal Per Diem will be paid unless otherwise indicated. Please specify which meals and dates you are NOT requesting the Meal Per Diem (For example, if meals were provided at a conference or meeting):</p>		
Total		-
Comments: _____		

Signature _____

Funding*: _____

*i.e., Annual Department Allotment, RIF, Endowed Chair Funds, Grant Funds, Startup Funds, Other

Receipts are no longer required for amounts under \$75.00 (except for Hotel Folio's and Supplies purchased while Traveling)