

TRAVEL & EXPENSE

Name:

Destination:

**Departure
Date**

**Departure
Time:**

Return Date

Return Time

Reason for Trip:

ITEM	Reimbursement Details	Amount

Mileage In Personal Car

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):

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)