

Individual Travel Reimbursement Request Form

To be completed by the Individual within 30 days after Travel is Complete

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Date: _____ Destination (city/state): _____

Name: _____ Vendor #: _____

School/Department: _____

Beginning Travel: _____ Date: _____ Actual Beginning Travel Time: _____

Ending Travel: _____ Date: _____ Actual Ending Travel Time: _____

Personal Vehicle - Allowed Mileage: _____ miles @ \$0.655 per mile
Effective 3/1/2023

Meals:	Dates of Travel:								
Breakfast									\$
Lunch									
Dinner									
Totals									

Meal Per Diem:				
Meals	Depart Before	Return After	In-State	Out-of-State
Breakfast	6:30 AM	11:00 AM	\$ 8.00	\$ 10.00
Lunch	11:00 AM	1:30 PM	\$ 10.00	\$ 15.00
Supper	5:15 PM	8:30 PM	\$ 17.00	\$ 25.00
Daily Maximum Allowance			\$ 35.00	\$ 50.00

Miscellaneous Reimbursement Request (original receipts/documentation required):

Registration (include a copy of registration form with original receipt)		\$
Lodging (itemized original hotel/lodging portfolio showing \$0 balance)		\$
Taxi, Parking Fees, Tolls, Gas for Rental Car (Original receipts)		\$
Miscellaneous not cover above and is a pre-authorized reimbursement		\$
_____		\$
_____		\$
Account #: _____	Total Reimbursement Due:	\$

I certify that the above is true and correct.

Specify: _____

_____ Date

Reimbursement Approved: _____

All original receipts/documentation required should be stapled to this form. If mileage and meals are the only reimbursement no additional documentation is required and only this sheet Page 1 and 2 should be submitted for each

3/1/2023

Principal/Supervisor _____
Fund Manager _____