

Individual Travel Reimbursement Request Form

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

Page 2 OF 2

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 @ \$0.585 per mile \$

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

Meal Per Diem:		Breakfast	Lunch	Dinner
See AP Manual Page 12	In State:	\$8.00	\$10.00	\$17.00
for Limitations	Out of State:	\$10.00	\$15.00	\$25.00

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 \$
 Specify: _____ \$
 _____ \$

Account #: _____ Total Reimbursement Due: \$

I certify that the above is true and correct. _____
Employee Signature Date

Reimbursement Approved: Principal/Supervisor _____
 Fund Manager _____

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