

## 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 @ \$0.625 per mile  
 Effective 7/1/2022

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**