

TRAVEL

Reimbursement Request Form

To obtain reimbursement for out-of-pocket travel expenses, please submit this form to Van Kasiske with original receipts and include any required documentation (i.e., letter of invitation, program list, or abstract). Tape (no staples please due to microfilming) your receipts on a separate sheet of 8 1/2" x 11" paper.

A travel report will be prepared in the department and left in your mailbox for signature. The report must have your original signature in order to be processed.

Date: _____ Employee ID# _____

Print name: _____ Email: _____

Signature: _____

Your signature here assures that expenses are true and correct.

The Travel Unit strongly recommends signing up for the Disbursements Electronic Funds Transfer (EFT).

Dates of travel: Leave _____ Return _____

(Receipts must be submitted for COR travel grants within **10** days after the completion of the trip; for all other funds, receipts are due **21** days after the trip is completed)

Destination & Purpose: _____

FUNDING SOURCE: COR Travel Grant Start Up Retention Hellman Seminar

Specify other: _____

TOTAL EXPENSES: \$ _____ TOTAL REIMBURSEMENTS: \$ _____

AIRFARE: You must submit proof of travel (i.e. e-itinerary) that describes your route of travel (i.e. SFO to LAX, etc.). If you want reimbursement for the airfare, you must also include a receipt that clearly indicates payment was made. **If your airfare was paid by a different source and you are not asking for reimbursement or if you are submitting any other kind of travel receipts, you must still attach proof of travel.** If you did not fly, see the sections below.

Was your airfare charged directly to the department: Yes No

What was the cost of airfare? \$ _____

If you paid for your airline tickets, how much of airfare do you want to be reimbursed? \$ _____

MILEAGE: If you used a non-rental car, you can be reimbursed for mileage but not gasoline expenses, and the amount cannot be more than the estimated cost of airfare for your trip (est. cost of airfare \$ _____).

Where did you travel? _____

License plate # _____ Number of miles _____ @ _____ cents/mile TOTAL \$ _____

OTHER TRANSPORTATION: Please list each transportation cost individually (i.e., airporter bus, taxi, car rental or railway). UC will not reimburse you for additional insurance on a car rental or gasoline expenses. Show the date, location and amount of each expense.

TYPE	DATE	LOCATION	AMOUNT
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL OTHER TRANSPORTATION			\$ _____

LODGING: Identify number of days and daily cost at each location (i.e., 4 days @ \$72 in Denver).

Include only room and taxes—meals and incidentals are in the section below. Your hotel receipt must show your name, the hotel name and address, and a zero balance.

DATE(S)	LOCATION	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL LODGING		\$ _____

MEALS AND INCIDENTALS: **You need to include receipts for meals and incidentals** (i.e., laundry and dry cleaning) for which you will be reimbursed up to a maximum of: less than 12 hours is zero, greater than 12 hours but less than 24 hours is up to \$42.00 per day, and greater than 24 hours and less than 30 days is up to \$64.00 per day. For foreign travel, the department requires that you submit receipts whether you are claiming actual expenses or a per diem.

For foreign travel per diem rates, use the following link: http://aoprals.state.gov/web920/per_diem.asp or contact Van Kasiske. Per diem rates also serve as the maximum reimbursable amount when claiming actual expenses.

Foreign lodging per diem \$ _____ @ _____ days Foreign meal per diem \$ _____ @ _____ days

Domestic meals (note daily maximum and use separate page if necessary):

Date _____	Breakfast \$ _____	Lunch \$ _____	Dinner \$ _____
Date _____	Breakfast \$ _____	Lunch \$ _____	Dinner \$ _____
Date _____	Breakfast \$ _____	Lunch \$ _____	Dinner \$ _____
Date _____	Breakfast \$ _____	Lunch \$ _____	Dinner \$ _____

Incidentals: _____

TOTAL MEALS AND INCIDENTALS \$ _____

SUB-TOTAL FOR THIS PAGE \$ _____