

# Reimbursement for Travel



## School Of Law

Information of Reimbursement Recipient:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dates of Expenses: Start: \_\_\_\_\_ End: \_\_\_\_\_

Business Purpose: \_\_\_\_\_

Business Guests: \_\_\_\_\_

\_\_\_\_\_ FUND      \_\_\_\_\_ DEPT-ID      \_\_\_\_\_ PROGRAM      \_\_\_\_\_ ACTIVITY      \_\_\_\_\_ CLASS      \_\_\_\_\_ PROJECT

### Business Expenses (Group original receipts by expense & attach)

#### Transportation

Air/Train/Bus \_\_\_\_\_

Vehicle Rental \_\_\_\_\_

Taxis/Parking/Tolls \_\_\_\_\_

Mileage \_\_\_\_\_ x \$0.54 \_\_\_\_\_

Total Transportation: \_\_\_\_\_ Miles Driven

Business Meals/Per Diem \_\_\_\_\_

Lodging \_\_\_\_\_

Conference Fees \_\_\_\_\_

Miscellaneous Expenses \_\_\_\_\_

Total Expenses: \_\_\_\_\_

Must attach copy of Advance Payment Request      Less Advance: \_\_\_\_\_

**TOTAL REIMBURSEMENT:**

Recipient Signature: \_\_\_\_\_ Date \_\_\_\_\_

*By signing this form, you are verifying that all items listed above are business related*

Approval Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print name: \_\_\_\_\_ Phone #: \_\_\_\_\_