Reimbursement Request (Travel)

Name: ____________________________________________________________

uNID: ___________________________          Date: ______________________________

Travel #: ______________________________

Actual Expenses:

Airfare: _______________________                         Lodging: _________________________

Actual Meals: ______________________            Personal Auto: ______________________

Per Diem (Meals & Incidental Expenditures): ________________________________

Conference: ___________________                        Car Rental: ______________________

Taxi, Bus, Train, etc.:__________________             Parking: __________________________

Other: _________________________________________________________________

Meals [   ]

Date: ___________________          Location: _________________________________

Business purpose: __________________________________________________________ 

*Include names of those in attendance (or name of group if 11+ people) in notes.

Name of fund / account: _______________________________________________________

Total amount of reimbursement requested: ______________________________________

Notes:

• Please tape (do not staple) all original receipts to a piece of 8.5”x11” paper
• Please circle (do not highlight) items if necessary