TRAVEL EXPENSE REIMBURSEMENT REQUEST FORM

Traveler’s name:
Employee Number:
Address:

(Please provide your home address for reimbursement, we cannot reimburse to your work/business address).

Location From/To:
Date(s) of Travel:
Purpose of Trip:

Private Car (Plate No.)
And Mileage:
Does Car have Liability Insurance:  □ Yes  □ No  (Check One)
Departure Date/Time:  
Return Date/Time:  
Airline:
Domestic meals reimbursement:  
(Based on actual receipts up to a daily maximum of $71/day)
Foreign per diem:
Lodging only:  
(Telephone, Telegraph, Rental and Meeting Room, etc. are other expenses)
Taxi/Train/Bus/Shuttle:
Car Rental:
Parking, Tolls, Baggage:
Registration Fee:
Other Expenses:

TOTAL COST:
ACCOUNT OR PROJECT # to charge:

PLEASE PAPERCLIP ALL RECEIPTS ALONG WITH REQUEST FORM IN AN ENVELOPE.
Non-citizen, foreign visitors must present travel documents before they leave the U.S. The
business office must make photocopies of documents.
(Declaration of Immigration Status by Non-U.S. Citizens for foreign visitors)

I included the following receipts (check all that apply):

□ Itemized Lodging/Hotel  □ Airfare/Rental car  □ Conference Flier  □ Meals
□ Other: