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 or ☐ 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: