

Travel Reimbursement Form

Please fill out this form, attaching all necessary receipts and supporting documents. Turn all papers into L.E. within five (5) days of returning from your trip. If this is not the complete reimbursement request, then clarify that below.

Amendments are not guaranteed.

Name:

PID:

Travel city:

Funding Source:

Dates:

Purpose(s):

If a conference, please provide copy of the program portion listing your paper's title.

TRANSPORTATION:

TYPE	COST	DATES
Car to RDU (mileage reimbursement)	Yes or No	
Airfare		
Taxi		
Train		
Rental car*		
Gas or tolls		
Parking		
Other (please define)		

**If renting a commercial car instead of a University motor pool car, please submit a justification.*

FOOD:

Meal reimbursement is contingent upon the funding source, and, if given, will follow the University's per diem policies.

Below, please check appropriate boxes.

DATES	BREAKFAST	LUNCH	DINNER

LODGING:

DATE RANGE	TOTAL COST

REGISTRATION FEE:

OTHER : *Please define, e.g. hotel's internet fee, and provide date(s).*

TYPE	DATE(S)	COST

TOTAL REIMBURSEMENT EXPECTED: _____

SIGNATURE: _____