

Travel Reconciliation Form

Please fill out this form, attaching all necessary receipts and supporting documents. Email all documents to classics-admin@unc.edu 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. If receipts are in foreign currency, you do not need to calculate conversions.

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 No | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 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 DATES BREAKFAST LUNCH DINNER

LODGING:

| DATE RANGE | TOTAL COST |
|------------|------------|
| | |
| | |

REGISTRATION FEE:

Please provide copy of the program portion listing your paper's title.

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

| TYPE | DATE(S) | COST |
|------|---------|------|
| | | |
| | | |

TOTAL FUNDING EXPECTED: _____

SIGNATURE: _____