|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Email Address: |  | Box No.: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Name:** |  | Number: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** **Location, date(s)** of activity, and purpose of trip: | | |  | |
|  | | | | |
| Estimated cost of trip: |  | **Prior Approval** of authorized person: | |  |
| **2. Was personal time taken during this trip?** If so, please give beginning and end times and dates of personal time taken: | | | | |
|  | | | | |

IMPORTANT: Please submit original receipts for all expense for which you are requesting reimbursement. If you don’t have a receipt, please sign a perjury statement. Receipts aren’t required for expenses under $75.00, but must be listed below.

|  |  |
| --- | --- |
| **3.** **Expense Summary:** | |
| Airfaire: (please include a copy of your itinerary & ticket) | $ |
| Registration Fee | $ |
| Ground Transportation (taxi, bus, train, ferry) | $ |
| Parking | $ |
| Auto Rental | $ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mileage: Point of Origin: |  | Desination: |  | # of miles: |  |

**Per Diem Calculations:**

|  |  |  |  |
| --- | --- | --- | --- |
| Time and date of departure: |  | Time of return and date: |  |

If you wish to claim the allowable per diem rate, please check which meals on which dates. If you attended a conference, please submit conference schedule.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | | Breakfast | Lunch | | Dinner | | Date | Breakfast | | Lunch | | | Dinner |
|  | |  |  | |  | |  |  | |  | | |  |
|  | |  |  | |  | |  |  | |  | | |  |
|  | |  |  | |  | |  |  | |  | | |  |
|  | |  |  | |  | |  |  | |  | | |  |
| Lodging name: | |  | | | | | | | | Daily cost: $ | |  | | | | \*\* |
| Is this a bed and breadfast establishment? | | | | | YES / NO | | Was a hotel deposit required, if so, how much? | | | | | |  | | | |

\*\*If lodging expenses exceed the allowable rate, and you’re requesting full reimbursement of the lodging expense, please check the following statement which best reflects your lodging situation:

□ a meeting, conference, or training session where lodging was authorized at the facility where it is held.

□ lodging accommodations in the area of the temporary duty station are not available at or below the maximum lodging allowance, and the savings from staying at a less expensive but more distant location are consumed by increased transportation and other costs.

□ business requires you to have a suite or other quarters you would not normally need.

□ costs in the area have increased for a brief period of time due to special events or disaster.

□ this is needed to comply with provisions of the American with Disabilities Act or when your safety and/or health as a traveler is at risk.

**Miscellaneous Expenses:** (Please explain type and source):

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Total Miscellaneous**: |  |

**4.** **Authorization:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Traveler's Signature:** |  | | | Date: |  |
| **Principal Investigator's Signature:** | | |  | Date: |  |
| **Administration Approval:** | |  | | Date: |  |