|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: |  |