TRAVEL REIMBURSEMENT REQUEST (Do not handwrite. Do not abbreviate. Attach original receipts)

Last Name:	First Name:
UIN: email:	Phone:
_Faculty _ Staff _Post Doc _G	raduate Student _Undergraduate Student
Destination:	
Travel dates:	
Time of Departure:	
Purpose of the Trip*:	
	name conference, do not abbreviate. Attach conference itinerary/details
from conference website, progra	m, email, etc which lists dates and location (city, state)
1) Per Diem:Yes (allowed	only for overnight stay)No
If meals were included in the cordates.	ference, please indicate the type of meal Breakfast, Lunch, Dinner and
2) Airfare reimbursement reques	t amount:
*You MUST attach a copy of the	light itinerary showing your name and payment transaction.
3) Lodging reimbursement amou	nt requested:
4) Conference hotel site YES	NO
If lodging was part of the conference the event.	ence hotel site, you MUST attach a copy of the list of hotels reserved for
4) Conference registration fee ar	nount:
You MUST attach a print out of t	ne conference website/agenda
,	ES* \$ NO ustification for why a rental car was needed.
6) Transportation amount (Uber,	etc)? YES \$ NO
7) Personal car (Mileage \$0.54/n	nile: one way, round trip
8) Detail all other expenses on the back of the sheet, if more space is needed:	
Traveler's signature:	*Account: Pl's approval:

NOTE: If using a Departmental fund/award (student travel award, faculty professional development fund, faculty travel award) then Jennifer must sign for approval before submitting to Levell to process.