

## Student Travel Expense Form

Name: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Departure time: \_\_\_\_\_am/pm

Return date: \_\_\_\_\_

Return time: \_\_\_\_\_am/pm

Expenses incurred:

**Airfare:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Lodging:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

Was room shared with another student? YES NO

If so, whom? (Note: each student should have an individual receipt, with their name, for their portion of the hotel expense) \_\_\_\_\_

### ***Ground Transportation:***

Type: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Type: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Type: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

(NOTE: Attach receipts)

### ***Parking:***

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

(NOTE: Attach receipts)

***Personal vehicle mileage reimbursement.***

Total # of miles traveled \_\_\_\_\_ x \$.445 = \_\_\_\_\_

(NOTE: Attach Map Quest printout of mileage)

***Meals:***

Amount: \_\_\_\_\_

(Note: Per diem does not apply for students. Only those meal expenses for which receipts are submitted will be reimbursed)

Please attach ALL receipts to page.

***Other (explain):***

Amount: \_\_\_\_\_

Amount: \_\_\_\_\_

Total amount to be reimbursed: \_\_\_\_\_

Will you be receiving any external funding?

How much? \_\_\_\_\_

From where? \_\_\_\_\_

Total amount requested from Gerontology:

Amount: \_\_\_\_\_

Address to send check to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*All receipts must be attached to this form when submitted\*\*\*\*\*