

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*****