

REQUEST FOR REIMBURSEMENT OF TRAVEL EXPENSES

A _____

IN-STATE TRAVEL

OUT-OF-STATE TRAVEL

INTERNATIONAL TRAVEL

TRAVELER INFORMATION		
Name:	UK Person ID #:	Phone #:
Home Address:		
Accounts to be Charged:	Amt:	Purpose(s) of Travel:

TRAVEL ITINERARY							
DEPARTURES			ARRIVALS			Mode of Transportation*	Mileage (if POV)
Location	Date	Time	Location	Date	Time		

*Air, taxi, privately-owned vehicle (POV), fleet vehicle, etc.

ACTUAL EXPENSES INCURRED BY TRAVELER			
Description of Expense	Amount	Description of Expense	Amount
AIRFARE:		TIPS (Please provide an itemized list):	
BAGGAGE FEES:			
TAXIS / SHUTTLES:			
LODGING:			
REGISTRATION FEES:			
PARKING:		MILEAGE (55.5¢/mile):	
TOTAL REIMBURSIBLE EXPENSES*: _____			

*This does not include per diem allowances, which will be calculated by the business office if appropriate.

ADDITIONAL COMMENTS: _____

TRAVELER HAS ATTACHED RECEIPTS FOR ALL EXPENSES GREATER THAN \$10.00.

TRAVELER HAS ATTACHED MAPQUEST® DOCUMENTS VERIFYING ALL CLAIMED MILEAGE.

 Traveler's Signature Date Supervisor's Signature Date