

# TEM TRAVEL EXPENSE REIMBURSEMENT FORM

## TRAVELER'S INFORMATION:

NAME:

NETID:

UIN:

CLASSIFICATION:

LAB:

## CHARGE EXPENSE TO:

GRANT FUND #

NON-GRANT FUND #

## BUSINESS PURPOSE / JUSTIFICATION:

## EVENT / MEETING NAME:

DESTINATION:

EVENT DATES: FROM:

To

DEPARTURE DATE:

TIME:

RETURN DATE:

TIME:

REGISTRATION: \$

## TRANSPORTATION:

AIRFARE \$

FEES: \$

TICKET CHANGE FEE \$

REASON

## GROUND TRAVEL:

AUTOMOBILE: \$

MILES:

PARKING: \$

GAS: \$

DATE: \$

FROM:

TO:

DATE: \$

FROM:

TO:

DATE: \$

FROM:

TO:

DATE: \$

FROM:

TO:

DATE: \$

FROM:

TO:

DATE: \$

FROM:

TO:

**LODGING:** \$

CONFERENCE HOTEL:

# OF DAYS:

SHARED ROOM:

**MEAL PER DIEM:**

# OF DAYS:

TRAVEL TYPE:

DATE:

DATE:

DATE:

DATE:

DATE:

DATE:

DATE:

DATE:

DATE:

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DATE:

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**COMMENTS:**

BY SUBMITTING THIS FORM WITH RESPECTIVE RECEIPTS AND DOCUMENTATION, I AM REQUESTING TO BE REIMBURSED AND/OR HAVE CREDIT CARD RECONCILED FOR ALL EXPENSES LISTED ABOVE.

**TRAVELER'S SIGNATURE:**

**DATE:**

I APPROVE THE ABOVE FUND NUMBER(S)

**PI'S SIGNATURE(S):**

**DATE:**