

**Request for Reimbursement of Approved Travel Expenses
Faculty, GA, and Lecturer Travel**

I. Please provide the following information:

Name _____ Empl ID _____
 E-mail _____

Dates on Travel Status _____ Destination _____
 Departure _____
 Return _____

N.B. Reimbursement request must be submitted to the Business Office within 75 days of return in order to meet the University's time limit on payment.

II. List expenses and amounts claimed for reimbursement, and attach receipts itemizing charges and showing a \$0.00 balance due for each expense.

Type of Expense	Amount Requested	Receipts Attached	Notes
Airfare	\$		
Car Rental	\$		
Other Mode	\$		
Personal Car	miles		
Registration	\$		
Lodging	\$		
Taxis, Etc.	\$		
Parking	\$		
Other	\$		

III. Certification of Claim

I understand that individuals may not profit from incentives earned on travel expenses paid, in whole or in part, from University funds and that, if any incentives generated by this trip were credited to my account, I am obligated to apply them only to other University travel, to keep a log of how I used them, and to make the log available for inspection in an audit of this transaction.

I further state that all expenses presented for reimbursement were incurred during the course of conducting University business and that all spending was done in compliance with policies governing use of University funds.

Signature _____ Date _____

IV. Place completed form and receipts in the box near Cheryl's office marked REQUESTS.