

Aerospace and Mechanical Engineering
Travel Expense Reimbursement Request Form

(To be filled out by the traveler and turned in with ORIGINAL receipts)

Name of Traveler: _____ EID# _____

Purpose of trip: _____

Destination (city/state): _____ Conference dates (if applicable): _____

Departure date/time: _____ Return Date/time: _____

Designated conference lodging? _____ (if yes, please attach conference announcement w/lodging info)

Reimburse from account# : _____ Acct. Authorization: _____
Signature of PI/Responsible person

Travel advance received for this trip? _____ if yes, amount: _____

Expenses to be reimbursed:

Mileage: odometer reading (required) Start: _____ End: _____ Total Miles: _____

Mileage: \$ _____ (\$.445/mile) Airfare: \$ _____

Rental car: \$ _____ Gas: \$ _____

Shuttle: \$ _____ Taxi: \$ _____

Hotel: \$ _____ Parking: \$ _____

Per diem (meals purchased/not provided by conference): _____

Miscellaneous expenses:

Conference registration fees: \$ _____

_____ \$ _____

_____ \$ _____

Traveler's email: _____
(so we can notify you when your paperwork is ready)