



Travel Reimbursement Form

Pre-Trip

Final

Name & Title: _____ U of U ID #: _____

Destination: _____ Dates Attended Conference: _____

Departure Date: _____ Return Date: _____

Reason for Travel: _____

Conference Title: _____

Are you presenting; _____Y _____N

Are they providing food; _____Y _____N

Travel Expenses

Airfare	Airline Name _____	\$ _____
Personal Auto	Mileage (0.58 per mile)	\$ _____
Lodging	# of Nights _____ @ \$ _____	\$ _____
Meal Expense (Per Diem)	# of Days _____ @ \$ _____	\$ _____
Conference Registration		\$ _____
Rental Car	# of Days _____ @ \$ _____	\$ _____
Taxi, Bus, Etc.		\$ _____
Parking	# of Days _____ @ \$ _____	\$ _____
Other	Specify _____	\$ _____
Other	Specify _____	\$ _____
Total Expenses		\$ _____

Advance Payments to be subtracted below

Airfare paid by the University	\$ _____
Cash Advance paid by the University	\$ _____
Other \$ paid by the University in Early Reimbursement	\$ _____

Total to be reimbursed to Traveler	\$ _____
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Distributions

Activity # _____	\$ _____
Project # _____	\$ _____
Other _____	\$ _____

Requester Signature:

Date:

Secondary Signature:

Date:

(Chair or Supervisor for Activity or Carol Bierschwale for Project)