

Travel Reimbursement Form

Please complete this form when requesting TRAVEL reimbursement and submit all original itemized receipts and documentation

Requestor Information

Name: _____
UK ID #: _____

Email Address: _____
 Employee Student

Travel Information

Date and time of departure: _____
Date and time of return: _____
Destination(s): _____

Purpose of travel: _____
Currency Used: _____

If multiple destinations please provide dates/times/destinations for each date of travel:

Date	Time	Destination

Was personal travel included in this trip? Yes No
Please provide dates/times/destinations of personal travel:

Are you expecting a third-party reimbursement/payment? Yes No

From: _____
Amount: _____

Paid: Directly by third party
 To traveler
 To UK

Accounting Information:

Cost Center/Account # _____

Address to mail check to:

Expense Information: *Please submit original, itemized receipts.*

Type of Expense	Paid by Traveler	Paid by Procard	NA
Conference Registration <i>Enclose registration form/program/brochure</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lodging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals-Per Diem (employee) <i>Per diem does not include incidentals</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals-Itemized receipts (grad student)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mileage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxi, Shuttle, Bus, etc..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost Comparison Included	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>

Additional notes/information: