

THE GRADUATE SCHOOL AND UNIVERSITY CENTER
BUSINESS OFFICE/GRANT ACCOUNTS

REQUEST FOR REIMBURSEMENT OF TRAVEL EXPENSES

DATE _____

TRAVELLER'S INFORMATION

TOTAL _____

ACCOUNT 119987

NAME _____

SOC SEC NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TRIP INFORMATION

DATE OF TRIP _____

PURPOSE OF TRIP _____

LOCATION OF TRIP _____

TRANSPORTATION Departure - City _____ Destination _____
Time _____ Time _____

EXPENSES INCURRED

FARE \$ _____

LODGING From _____ To _____
From _____ To _____
_____ Nights @ \$ _____ /Night \$ _____

MEALS	Date	Breakfast	Lunch	Dinner	
	_____	\$ _____	\$ _____	\$ _____	\$ _____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

LOCAL TRAVEL From _____ To _____
From _____ To _____ \$ _____

MISCELLANEOUS _____ \$ _____

TOTAL \$ _____

(ATTACH ORIGINAL DOCUMENTATION, RECEIPTS AND INVOICE)

APPROVED BY _____ TELEPHONE _____

MAIL _____ CALL FOR PICK UP _____ EXT _____

FUND _____ ORGN _____ ACCT _____ PGRM _____