

UMIACS Travel Reimbursement Form

Please fill out form completely and print it. Have your supervisor sign the form. Attach original receipts and airline tickets and stubs to the form, and bring them to the UMIACS Business Office, room 2126 A.V. Williams.

Name: _____

Email: _____

Home Address: _____

Destination _____

Purpose of travel (name of conference, etc.) _____

NOTE: Travel must have begun before 6:30 am (includes time you left your house) to be reimbursed for breakfast on the first day of the trip and ended after 6:30 PM on the last day of the trip to be reimbursed for dinner for that day.

Depart before 6:30 a.m.? **Yes / No**

Return after 6:30 p.m.? **Yes / No**

ITINERARY

Origin: _____ Airport code (if flying): _____

Departure Date: _____

Destination: _____ Airport code (if flying): _____

Return Date: _____

Private mileage _____

TRAVEL EXPENSES BY DATE

Check here if you want to be reimbursed at the "per diem" rate for meals and mark the dates you are providing with 'PD' (Breakfast, Lunch, and/or Dinner if applicable). If not, please provide itemized receipts for meals.

| Dates (MM/DD/YY) | | | | | | | |
|---------------------|--|--|--|--|--|--|--|
| Breakfast | | | | | | | |
| Lunch | | | | | | | |
| Dinner | | | | | | | |
| Lodging | | | | | | | |
| Taxi or Limo | | | | | | | |
| Air/Rail/Bus | | | | | | | |
| Auto Rental | | | | | | | |
| Parking Fee | | | | | | | |
| Bridge or Tolls | | | | | | | |
| Telephone | | | | | | | |
| Registration Fee | | | | | | | |
| Porterage | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FRS#

P.I./Supervisor approval Signature

****REQUIRED FOR REIMBURSEMENT****