



Travel Reimbursement Request Form

TR \_\_\_\_\_  
\*office use only\*

TRAVELER'S INFORMATION

Employee ID / Student ID \_\_\_\_\_ TA Number \_\_\_\_\_

Name (First, Middle and Last) \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Beginning Date of Travel \_\_\_\_\_ Beginning Time \_\_\_\_\_

Ending Date of Travel \_\_\_\_\_ Ending Time \_\_\_\_\_

Destination (City, State or Country) \_\_\_\_\_

Purpose of the Trip \_\_\_\_\_

Conference/Workshop Registration Fee \_\_\_\_\_ Paid by Dept: \_\_\_\_\_ Yes \_\_\_\_\_ No

Total Miles Driven (**attach Google Map**) \_\_\_\_\_

Airfare Amount \_\_\_\_\_ Paid by Dept: \_\_\_\_\_ Yes \_\_\_\_\_ No

Total Lodging Amount \_\_\_\_\_ Paid by Dept: \_\_\_\_\_ Yes \_\_\_\_\_ No

Meals

Please provide the date and check off which meals need to be excluded by marking with an "X". (I.E. Meals that were provided by conference or hotel rate)

Date	Breakfast	Lunch	Dinner	Date	Breakfast	Lunch	Dinner
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Other Expenses (Transportation or other expenses)

Description	Amount
_____	_____
Parking	_____
Uber/Taxi	_____
Gas	_____
Car Rental	_____
Other	_____

Project ID \_\_\_\_\_ Principal investigator (or course instructor) \_\_\_\_\_

**Note:** If you need to split expenses between several projects, please make changes on the final printout