

Request for Travel Subsistence Reimbursement

PLEASE ATTACH W-9 OR W8ben

Requestor's Name: _____

Home Address: _____

Email Address _____ Phone Number _____

Date of Travel/Visit(s): _____ Host's Name _____

Please explain how this expense relates to a funded project:

	Amount
Transportation:	
Airfare (<u>Original</u> plane ticket <u>must</u> be attached)	\$ _____
Train (<u>Original</u> train ticket <u>must</u> be attached)	\$ _____
Mileage (car) _____ miles round trip @ \$0.58/mi	\$ _____
Taxi	\$ _____
Tolls	\$ _____
Accommodations:	
Lodging (Original receipts required) (credit card receipts not accepted)	\$ _____
Meals (Attach all receipts) or per diem	\$ _____
Other Expenses	
Parking	\$ _____
Registration	\$ _____
Other (Please Explain) _____	\$ _____
Total Amount Requested	\$ _____

Requester _____ Date Submitted _____

Approver: _____ Date Approved: _____ Account Number: _____