

Faculty Travel Reimbursement Request

Faculty Name	
Destination:	
Purpose of Ti	rip:
Dates of Trav	rel: Departure Date & Time:
	Arrival Date & Time:
Do you have expense:	all your necessary receipts & information? Please put a dollar amount by each requested travel Flight Itinerary and Paid Receipt (or some documentation of proof of payment ex: credit card statement)
	Transportation Reimbursement Ex: Taxi, Shuttle (Receipt required)
	Registration Receipt
	Paid Hotel Receipt
	Parking Reimbursement Receipt
	Copy of conference/workshop agenda
	Actual Expenses for Meals per day (choose this option if you are rejected the per diem rate and must provide receipts for all transactions)

TOTAL: