## Rev. 02/2022

## GUEST TRAVEL REIMBURSEMENT WORKSHEET

Submit completed form digitally along with all original receipts to your travel processor.

Name:			D	Date:					
Address:									
			U	.S. Citizer	1:	Yes	No		
E-mail Address:				ity of Resi	dence:				
Guest ID (if knov	wn)			,					
Account to be	charged:								
Purpose of Trav	rel:								
Destination:									
— □ Did you obtain	Fravel Insurance f	or this trip?	No	Ye	s			,	
Did you obtain	a Travel Advanc	e for this trip	?	No	Yes	\$			
Was there any բ	personal time duri	ng this trip?	No	Yes	Fron	า:	To:	:	
Initial Departure Lo	cation:	Ir	nitial Dec	arture Date:	:		nitial Departure	Time:	
			•				Departure Date		
Location 1:									
Location 2: Location 3:									
Location 4:									
_ Final Arrival Locatio	on:						Final Δrrival Tim		
TRANSPORTA			Παιλιτι	vai Date			i iiai Ainvai Tiiii	· .	
		Doid for by		Cradit Car	اما	Cha	overed to Dono	wtwo ont	
Airrare: <u>\$</u>	RT	Paid for by:		Credit Cai	ra	Cna	arged to Depa	rtment	
Private Car Mile	eage:Lic	ense Plate #:		C	heck hei	re to c	onfirm your lia	ability ins	surance
Rental Vehicle:	\$	Rental Vehicl	e Gasc	oline: <u>\$</u>		_ (	JC Vehicle:	Yes	No
Taxi/Bus: \$	Train:	\$		Other: \$			Parking: \$		
	ALS AND LODGI								
•	g per diem meals'	•		No or			ount \$		
· ·	g per diem lodging	=		No or	Actu	al Am	ount \$		
-	de receipts for loc	iging if you are	cıaımı	ng "actual	ratner	ınan p	er alem.)		
MISCELLANEC		lonhono/Eav:	r.	Oth	or (ovolo	in): ¢			
	Te								
	ge Fees:\$				1.00 U.	S. =			
<u>SIGNATURES</u>	I certify that the above is a true by me on official University bu original receipts for each expe	siness on the dates show	n, and that I l	nave attached	AUTHORIZIN	G SIGNATU	JRE	D	ATE
	Traveler's Signature			Date	Print name ar	nd title:			