Graphics Lab Request for Travel Reimbursement

Your Information:

Name: _____Student ID #:_____

Address you want to receive the check (I can't guarantee direct deposit):

_____

_____

Conference Information:

Name / Location / Dates of Conference: _____

Web Address of Conference: _____

If you presented a paper, Title: _____

Amount Requested for Reimbursement:

Registration: Conference Paid ____   I Paid ____   If you paid, enter amount to the right $_____

Airfare: Airline: _____ $_____

date/time of departure: _____

date/time of return: _____

Personal Auto: If you drove, check here ___ $_____

Miles driven _____ * $0.375 / mile

Passenger(s): _____

Taxi/Shuttle: date: _____ $_____

date: _____ $_____

date: _____ $_____

date: _____ $_____

date: _____ $_____

Car Rental: City of Rental: _____ $_____

Start date_____ End date _____

Lodging: If someone else paid for you, enter your portion to the right, add comment regarding who to pay $_____

Hotel Name: _____

Roommates:_____

Comments (if any): _____

Meals: Daily Average _____ * _____ days (submit receipts) $_____

Other: What: _____ $_____

What: _____ $_____

Total you are expecting to be reimbursed: $_____