

TRAVEL REIMBURSEMENT REQUEST

Date: _____

Name of Traveler: _____

V Number: _____

Departure Date & Time: _____

Return Date & Time: _____

Destination: _____

Purpose of Travel: _____

Budget to be Charged: _____

Expenditures (attach original receipts):

	Expenses to be Reimbursed	Charged to UI Credit Card
Airfare		
Mileage (Private Vehicle = 55.5 cents) Destination: Vicinity:		N/A
Rental Car		
Meals (see detailed chart below) In-State = \$30.00 a day Out-of-State = \$46.00 a day		N/A
Motel		
Meeting Registration		
Miscellaneous (airport parking, taxi, etc.)		
TOTAL EXPENSES		

Signature of Supervisor/Faculty Member Required: _____

Departure Times

7am and after-no breakfast
11am and after-no lunch
5pm and after-no dinner

Arrival Times

8am and before-no breakfast
2pm and before-no lunch
7pm and before-no dinner

In-State

B \$7.50
L \$10.50
D \$16.50
\$30 Max

Out-of-State

B \$11.50
L \$16.10
D \$25.30
\$46 Max