TRAVEL REIMBURSEMENT REQUEST

| Date: | | | | | |
|---------------|---|------------------------------|------------------------------|--|--|
| Name o | of Traveler: | | | | |
| V Num | ber: | | | | |
| Departı | ure Date & Time: | | | | |
| Return | Return Date & Time: | | | | |
| Destination: | | | | | |
| | e of Travel: | | | | |
| | code (and Activity code) to be charged: | | | | |
| | litures (attach original receipts): | | | | |
| <i>Expend</i> | muics (unuen originar receipts). | Expenses to be Reimbursed | Charged to UI Credit Card | | |
| | Airfare | | | | |
| | | | | | |

| | Expenses to be Reimbursed | Charged to UI Credit Card |
|---|---------------------------|------------------------------|
| Airfare | | |
| Mileage (Private Vehicle = 58 cents) | | |
| Destination: | | N/A |
| Vicinity: | | |
| Rental Car | | |
| Meals (see detailed chart below) | | |
| In-State = \$49 a day | | N/A |
| Out-of-State = \$55.00 a day | | |
| Motel | | |
| Meeting Registration | | |
| Miscellaneous (airport parking, taxi, etc.) | | |
| | | |
| | | |
| | | |
| TOTAL EXPENSES | | |

Signature of Supervisor/Faculty Member Required:

| Departure Times | Arrival Times | In-State | Out-of-State |
|-----------------------------|------------------------------|------------|------------------|
| 7am and after- no breakfast | 8am and before- no breakfast | B: \$7.00 | State Dependent: |
| 11am and after- no lunch | 2pm and before- no lunch | L: \$16.00 | See reverse side |
| 5pm and after- no dinner | 7pm and before- no dinner | D: \$26.00 | |
| | | \$49 MAX | |

OUT OF STATE PER DIEM CHART:

Out of state per diem varies by location. Record each date and which meals you had that day. Chrome River will calculate your per diem total based on the state that you traveled to.

| Date | Breakfast | Lunch | Dinner |
|------|-----------|-------|--------|
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