

TRAVEL REIMBURSEMENT REQUEST

Date: _____

Name of Traveler: _____

V Number: _____

Departure Date & Time: _____

Return Date & Time: _____

Destination: _____

Purpose of Travel: _____

Index code (and Activity code) to be charged: _____

Expenditures (attach original receipts):

	Expenses to be Reimbursed	Charged to UI Credit Card
Airfare		
Mileage (Private Vehicle = 58 cents) Destination: Vicinity:		N/A
Rental Car		
Meals (see detailed chart below) In-State = \$49 a day Out-of-State = \$55.00 a day		N/A
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	

