TRAVEL EXPENSE FORM

Name (in full) : __________________________________ Date: ________________

Mailing Address: _________________________________________________________

______________________________________________________________

U.S. Citizen Y or N Social Security Number ________________________________

If receiving an honorarium, please provide:
Copy of Passport, Visa, I-94 Visa Type ________________________________

List of Expenses: Original Detailed Receipts Required

Roundtrip miles by personal car ________________________________

Airfare / Railfare ________________________________

Bus / Taxi / Shuttle ________________________________

Meals: (excludes alcohol. Detailed receipts with credit card slips if applicable needed for reimbursement. See example on back.)

Breakfasts ________________________________

Lunches ________________________________

Dinners ________________________________

Hotel costs if paid by traveler ________________________________

Parking / Tolls ________________________________

Other, i.e. Honorarium ________________________________

TOTAL: ________________________________

Purpose of reimbursement: ________________________________ i.e. seminar speaker series, colloquium, research visitor, etc.

Name of Faculty Host: __________________________________

Please complete this form and return it to Lynn Popowich at the address listed above and attach all original receipts. Thank you.

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