



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.

Revised 03/26/2014