



TRAVEL EXPENSE FORM

Name (in full) :

Date:

Mailing Address:

Email:

Dates of visit:

U.S. Citizen Y N

Are you receiving an honorarium Y N

List of Expenses: Original Detailed Receipts Required

Roundtrip miles by personal car:

*Starting address if different from
mailing address:*

Airfare/Rail fare:

Bus/Taxi/Shuttle:

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

Breakfasts:

Lunches:

Dinners:

Hotel costs if paid by traveler:

Parking/Tolls:

Other, i.e. Honorarium

Purpose of Reimbursement:

i.e. seminar speaker series, colloquium, research visitor, etc.

Name of Faculty Host:

Please complete this form and return it to Susan Dziombak at susandz@udel.edu and attach a scanned copy of all receipts.