

Travel Reimbursement Request

Please complete this form and submit to the FCS Business Office for processing

Employee name: _____ EID: _____

Email: _____ Phone: _____

Destination: _____ in-state out-state foreign

Business purpose of trip: _____

Departure date: _____ time: _____ Return date: _____ time: _____

Conference dates: _____ to _____ Designated lodging Yes No
(if yes, attach conference/meeting brochure)

Travel advance received for trip: No Yes, \$ _____

Account number to be charged: _____

Authorization for expense (print & sign): _____ date: _____
(Faculty/ PI / staff - who is responsible for account expenditures)

Expenses:

Personal vehicle mileage:

Odometer: begin _____ end: _____

(or map attached) total miles _____

Lodging:
Room / tax: _____

Transportation expenses:

Airfare: _____

Rental car: _____

Taxi / bus / other: _____

Parking: _____

Meals (not provided by conference) to be reimbursed: _____

Other miscellaneous expenses incurred while on this trip
(ie. phone calls, fax, internet connection, supplies, etc):

Expenses submitted represent: Partial Final reimbursement requested.

Employee signature

Date

Please attach all receipts and include justification memo for missing receipts