

Reimbursement for Travel Expenses
DO NOT COMPLETE UNLESS A TAR WAS DONE PRIOR TO TRIP

Traveler Last Name: _____ First Name: _____

Department: _____

Date of Travel: _____

Destination _____

(Reimbursements can NOT be over 6 months old, regardless of funding)

Indicate the amount of reimbursement:

Air/Rail/Bus: _____

Lodging _____ (attach a statement if room was a share)

Taxi _____ (receipt not required if under \$25.00)

Parking Fees: _____

Registration Fees: _____

Meals: _____ (itemized receipt or request per diem)

If per diem, indicate how many meals for each category (we will figure out the amount)

Breakfast: _____ Lunch: _____ Dinner: _____

Mileage (if using own vehicle-indicate address)

From/To: _____ To/From: _____

Miscellaneous: _____

Total Reimbursement: _____

If splitting cost of reimbursement indicate amount per source/account:

1) _____ 2) _____

Example 1. DRIF\$500

2. ARHU grant \$500

Traveler's Signature: _____

If sponsored/grant funds signature indicates ORAA approval prior to trip.
SUBMIT ONLY ORIGINAL ITEMIZED RECEIPTS WITH PROOF OF PAYMENT
(BANK OR CREDIT CARD STATEMENT; CASH CHECK)