

CLUSTER 5 TRAVEL EXPENSE REIMBURSEMENT FORM

Personal Information

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Travel Information

Business Purpose (briefly describe how the expense benefits the research, instructional and/or outreach mission of the university):

Chart String: _____

Date & Time of Departure: _____ Date & Time of Return: _____

*****Fill address fields below only if
mileage is being reported*****

Full Address of Departure Destination: _____

Full Address of Arrival Destination: _____

(Daily Meal limit \$92, Daily Hotel \$333 per night. Please provide receipts for all transactions, especially those over \$75)

Purchase Date	CTS/T&E Card/ Out of Pocket	Description of Expense (Airfare, Hotel, Transportation, Registration Fees, Meals, etc)	Amount

