Staff Travel Reimbursement Request Form

Name of Person Traveling:

Departure Date & Time: **Return Date & Time**

Purpose of travel

Reimbursements Required

Office Use:

Pathology Trip #:

Air Fare (Receipts are required)
(If traveling by car, only amount equal to the amount of airfare will be reimbursed)

Lodging: (Receipts are required)

Meals: (Receipts areNOT required)

Please mark all meals as "R" - needs reimbursed or "S" supplied by another source

DATE	Breakfast	Lunch	Dinner	TOTAL AMOUNT
EXAMPLE: 5/25/2010	*R*	*S*	*R*	

*Domestic per diem rates can be found at www.gsa.gov

Total Amount to Reimburse $ 0 -

Registration: (Receipts are required)

Other: (Receipts are required)

Parking

Mileage to Airport (from Ann Arbor)

Other: _____
*Please Specify

Baggage

Taxi

Other: _____
*Please Specify

Total Reimbursement: 0

Shortcode:

Supervisor Approval:

All travel must be approved by faculty prior to travel or reimbursement. If you have email approval, please attach. Otherwise, please have faculty sign this form.

Notes:

Print Form