

TRAVEL REIMBURSEMENT WORKSHEET

| | | | |
|--------------------------|--|-----------------|--|
| * Legal Name: | | | |
| * Date Submitted: | | | |
| * Student ID: | | * Email: | |

DESTINATION: _____

Leave Date: _____ **Leave time:** _____

Return Date: _____ **Return time:** _____

Meals (Per Diem): **YES** **NO**

Per Diem uses the GSA meal rate found on gsa.gov. If help is needed to calculate per diem, put an 'X' in the boxes that you purchased meals. Leave the boxes blank if meals were provided to you. The total will be calculated by Anna Hart.

| Date | Breakfast | Lunch | Dinner | Incidental | Total |
|------|-----------|-------|--------|------------|-------|
| | | | | | |
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| | | | | | |
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| | | | | | |
| | | | | | |

Purpose of trip:

Lodging:

| Date | Room Cost | Tax | Tax | Total |
|------|-----------|-----|-----|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

List of room occupants: _____

Other expenses:

| Date | Description | Amount |
|------|-------------|--------|
| | | |
| | | |
| | | |
| | | |

Transportation:

| Mileage | Rate | Total |
|---------|------|-------|
| | | |

Airfare: _____

Registration: _____

Total may change based on the per diem rate or mileage rate.

**** (Required)**

Reimbursement Total:

\$ _____

*** STUDENT SIGNATURE:** _____

*** ACCOUNT NUMBERS TO CHARGE:** _____
Provided by Faculty

*** FACULTY APPROVAL SIGNATURE:** _____