

DRL BUSINESS ADMINISTRATION SERVICES

Travel Reimbursement Request

Please check one of the following boxes:

- EES/IES
 Red Lodge Program
 PhysAstro
 SAS Comp/ MMETS
 SASFOS
 Math

PART I: PAYEE INFORMATION (NON-EMPLOYEES MUST FILL OUT A W-9 FORM)

NAME OF PAYEE	SOCIAL SECURITY NUMBER	<input type="checkbox"/> FACULTY/ STAFF <input type="checkbox"/> STUDENT <input checked="" type="checkbox"/> OTHER
MAILING ADDRESS HOME		PHONE NUMBER EMAIL
PURPOSE OF TRIP		
DESTINATION (S)	BEGINNING DATE	ENDING DATE

PART I: RECORD OF EXPENSES (in U.S. Dollars)

								TOTALS
DATE								
DESTINATION								
TRANS	AIRFARE, RAIL, BUS							
	CAR RENTAL & GAS							
	PRIVATE CAR \$.36/mi							
	TAXIS/LOCAL TRANS.							
	PARKING, TOLLS							
PER DIEM								
FOOD	BREAKFAST							
	LUNCH							
	DINNER							
	REFRESHMENTS							
LODGING								
MISC.	TIPS							
	TELEPHONE, POSTAGE							
	REGISTRATION							
	OTHER							
TOTAL DAILY EXPENSE								
Foreign Currency Exchange Rate: _____ = \$1 US						Less Advances (Cash/Check) -		
						BALANCE DUE PAYEE:		
						BALANCE DUE UNIVERSITY:		

SIGNATURE OF PAYEE X _____	DATE _____
I certify that the expenses listed above were incurred by me while on official business in the city or cities listed above and during the period listed above and that if an automobile was utilized for which reimbursement is requested, it was insured at the time of travel for as least statutory minimum for bodily injury and property damages.	

PART III: ACCOUNT INFORMATION

PROJECT MANAGER Ching-Li Chai	PROJECT MANAGER AUTHORIZATION
ACCOUNT NAME	<input type="checkbox"/> DOD <input type="checkbox"/> DOE <input type="checkbox"/> NIH <input type="checkbox"/> NSF <input type="checkbox"/> URF <input type="checkbox"/> Other

FOR BUSINESS OFFICE USE ONLY:

CNAC (3)	ORG (4)	BC (1)	FUND (6)	OBJ (4)	PROG (4)	CREF (4)	COMMENTS

