

**DOMESTIC TRAVEL REIMBURSEMENT REQUEST\***

For accounting use only: Vendor name: \_\_\_\_\_ Check # \_\_\_\_\_ Check Date \_\_\_\_\_

Name of traveler:			
Phone # of traveler:	Date prepared:	Date check needed:	

Delivery instructions for check:    \_\_\_mail    \_\_\_hold for pick-up  
 Mailing address:

Date, purpose & destination of travel:

**REIMBURSEABLE TRAVEL COSTS:**

Private Auto:	Dates	Miles
To/From:		
To/From:		
Total miles		

Total miles (from above) at 34.5¢ per mile	\$
Commercial Airfare (must be U.S. carrier)	\$
Lodging	\$
Per diem: _____ days at \$38 per day	\$
Other (describe)	\$
	\$
<b>Less Advance received (if any)</b>	\$
<b>Less INSTITUTE Amex charges (if any)</b>	\$
<b>Total reimbursement requested</b>	\$

<b>SEE REVERSE FOR CODING INFORMATION...</b>					
<b>THIS SECTION MUST BE COMPLETED FOR PROCESSING</b>					
Fund code	Expense code	Award code	Cost Center code	Amount <small>(must equal total reimbursement requested)</small>	Description (to appear on PI report) <small>(Limited to 20 characters)</small>
	5300				
	5300				
	5300				
TOTAL				\$	

Signature of traveler	Date	Approval of P.I.	Date

**\* Please attach original receipts..see coding information page for reimbursement limitations**

For accounting use only:	Verified by: _____
Session ID#: _____ 1099? _____	SSN: _____