

For Office Use Only

Prepared By: \_\_\_\_\_

TA#: \_\_\_\_\_

Date: \_\_\_\_\_

# After Travel Reimbursement

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Department (Circle One):    WATS                  ENVS                  WILD                  DEAN/Other

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_    Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Index: \_\_\_\_\_ Destination: \_\_\_\_\_

*Please Include All Receipts for Reimbursement*

<b>Meal Per Diem:</b> <i>(Departure and Return Times required)</i> <input type="checkbox"/> Regular Day \$28/day <input type="checkbox"/> Camping \$19/day	\$
<b>Meals</b> <i>(Actual)</i>	\$
<b>Lodging</b> <i>(Detailed receipt required)</i>	\$
<b>Airfare Paid Personally</b>	\$
<b>Auto Rental</b> Agency: _____	\$
<b>Taxi / Shuttle / Bus / etc...</b>	\$
<b>Personal Vehicle Mileage</b> Miles: _____ x 48.5¢ <i>(Personal mileage reimbursement form required)</i>	\$
<b>Parking</b>	\$
<b>Registration</b>	\$
<b>Miscellaneous</b> <i>(Identify)</i>	\$
<b>Reimbursement Mailing Address:</b> <i>(If other than department mailbox)</i>	
<b>Notes:</b>	