

Department of Economics  
**TRAVEL REIMBURSEMENT CLAIM FORM**

Date: \_\_\_\_\_ Preparer: \_\_\_\_\_  
Preferred Contact Info (if not Payee): Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

|              |   |                          |
|--------------|---|--------------------------|
| <b>PAYEE</b> | Name: _____   | Emp/Stu/Vendor ID: _____ |
|              | Email: _____  | Phone: _____             |
|              | US Citizen/Permanent Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(if no, please include a copy of your passport and the page showing entry date to USA, I-94, UC-W8-BEN, COAAA)</i> |                          |

|             |   |
|-------------|---|
| <b>TRIP</b> | Business Purpose and Other Details: _____ |
|-------------|---|

| <b>TRANSPORTATION &amp; MISC. EXPENSES</b>   | <b>Air Fare:</b>  |                    | Seeking Reimbursement? <input type="checkbox"/> NO <input type="checkbox"/> YES |           | (if you paid with Direct Bill, please include Connexus Itinerary)<br>(fill out section below) |                  |                  |                    |                  |                  |                 |            |                         |             |                |                        |             |             |                |             |  |  |  |  |
|--|---|--------------------|---|-----------|---|------------------|------------------|--------------------|------------------|------------------|-----------------|------------|-------------------------|-------------|----------------|------------------------|-------------|-------------|----------------|-------------|--|--|--|--|
|  | Time: _____   | Date: _____        | From: _____   | To: _____ | Cost: _____   |                  |                  |                    |                  |                  |                 |            |                         |             |                |                        |             |             |                |             |  |  |  |  |
|  | Time: _____   | Date: _____        | From: _____   | To: _____ | Cost: _____   |                  |                  |                    |                  |                  |                 |            |                         |             |                |                        |             |             |                |             |  |  |  |  |
|  | Time: _____   | Date: _____        | From: _____   | To: _____ | Cost: _____   |                  |                  |                    |                  |                  |                 |            |                         |             |                |                        |             |             |                |             |  |  |  |  |
|  | Time: _____   | Date: _____        | From: _____   | To: _____ | Cost: _____   |                  |                  |                    |                  |                  |                 |            |                         |             |                |                        |             |             |                |             |  |  |  |  |
|  | Air total: _____  |                    |   |           |   |                  |                  |                    |                  |                  |                 |            |                         |             |                |                        |             |             |                |             |  |  |  |  |
|  | <b>Personal Car:</b> <i>Standard Mileage Rate is 58.5 cents for travel on or after January 1, 2022.</i>   |                    |   |           |   |                  |                  |                    |                  |                  |                 |            |                         |             |                |                        |             |             |                |             |  |  |  |  |
|  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Drove from Address</th> <th>Drove To Address</th> <th>Rate</th> <th>Miles</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |                    |   |           |   |                  | Date             | Drove from Address | Drove To Address | Rate             | Miles           | Amount     |                         |             |                |                        |             |             |                |             |  |  |  |  |
|  | Date  | Drove from Address | Drove To Address  | Rate      | Miles   | Amount           |                  |                    |                  |                  |                 |            |                         |             |                |                        |             |             |                |             |  |  |  |  |
|  |   |                    |   |           |   |                  |                  |                    |                  |                  |                 |            |                         |             |                |                        |             |             |                |             |  |  |  |  |
|  |   |                    |   |           |   |                  |                  |                    |                  |                  |                 |            |                         |             |                |                        |             |             |                |             |  |  |  |  |
| Car Total: _____   |   |                    |   |           |   |                  |                  |                    |                  |                  |                 |            |                         |             |                |                        |             |             |                |             |  |  |  |  |
| <table style="width: 100%;"> <tr> <td style="width: 33%;">Uber/Lyft: _____</td> <td style="width: 33%;">Uber/Lyft: _____</td> <td style="width: 33%;">Phone: _____</td> </tr> <tr> <td>Uber/Lyft: _____</td> <td>Uber/Lyft: _____</td> <td>Internet: _____</td> </tr> <tr> <td>Gas: _____</td> <td>Shuttle/Bus/Bart: _____</td> <td>Taxi: _____</td> </tr> <tr> <td>Parking: _____</td> <td>Tips (non-meal): _____</td> <td>Taxi: _____</td> </tr> <tr> <td>Toll: _____</td> <td>Baggage: _____</td> <td>Taxi: _____</td> </tr> </table> |   |                    |   |           |   | Uber/Lyft: _____ | Uber/Lyft: _____ | Phone: _____       | Uber/Lyft: _____ | Uber/Lyft: _____ | Internet: _____ | Gas: _____ | Shuttle/Bus/Bart: _____ | Taxi: _____ | Parking: _____ | Tips (non-meal): _____ | Taxi: _____ | Toll: _____ | Baggage: _____ | Taxi: _____ |  |  |  |  |
| Uber/Lyft: _____   | Uber/Lyft: _____  | Phone: _____       |   |           |   |                  |                  |                    |                  |                  |                 |            |                         |             |                |                        |             |             |                |             |  |  |  |  |
| Uber/Lyft: _____   | Uber/Lyft: _____  | Internet: _____    |   |           |   |                  |                  |                    |                  |                  |                 |            |                         |             |                |                        |             |             |                |             |  |  |  |  |
| Gas: _____   | Shuttle/Bus/Bart: _____   | Taxi: _____        |   |           |   |                  |                  |                    |                  |                  |                 |            |                         |             |                |                        |             |             |                |             |  |  |  |  |
| Parking: _____   | Tips (non-meal): _____  | Taxi: _____        |   |           |   |                  |                  |                    |                  |                  |                 |            |                         |             |                |                        |             |             |                |             |  |  |  |  |
| Toll: _____  | Baggage: _____  | Taxi: _____        |   |           |   |                  |                  |                    |                  |                  |                 |            |                         |             |                |                        |             |             |                |             |  |  |  |  |
| Conference/Registration Fee: _____<br>Optional Notes/Comments: _____   |   |                    |   |           |   |                  |                  |                    |                  |                  |                 |            |                         |             |                |                        |             |             |                |             |  |  |  |  |
| <b>Total Transportation &amp; Misc. Expenses:</b>  |   |                    |   |           | _____   |                  |                  |                    |                  |                  |                 |            |                         |             |                |                        |             |             |                |             |  |  |  |  |

|   |  |          |          |         |           |       |        |       |        |
|---|--|----------|----------|---------|-----------|-------|--------|-------|--------|
| <b>LODGING, M&amp;IE</b>                  | <b>Lodging, Meals &amp; Incidentals (M&amp;IE):</b> <i>Travelers can only claim actual expenses up to Federal Per Diem Rate for the locality of travel.</i> <a href="#">Per Diem Rates Link</a><br><i>Daily M&amp;IE limits for domestic trips under 30 days is \$62 without exception. Daily lodging limit for domestic trips under 30 days is \$275 room rate, excluding taxes &amp; fees.</i> |          |          |         |           |       |        |       |        |
|   | <b>Claiming Per Diem? (International travel only)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(if yes, fill out per diem rate and days at bottom of section only)</i>  |          |          |         |           |       |        |       |        |
|   | Date   | Location | Currency | Lodging | Breakfast | Lunch | Dinner | Other | Amount |
|   |  |          |          |         |           |       |        |       |        |
|   |  |          |          |         |           |       |        |       |        |
|   |  |          |          |         |           |       |        |       |        |
| Per Diem Rate/day: _____ # of Days: _____ |  |          |          |         |           |       |        |       |        |
| <b>Total Lodging, M&amp;IE:</b>           |  |          |          |         |           |       |        | _____ |        |

**ESTIMATED TOTAL REIMBURSEMENT:**  

|            |  |           |        |         |         |     |     |        |
|------------|--|-----------|--------|---------|---------|-----|-----|--------|
| <b>COA</b> |  | Fund Desc | Fund # | Dept ID | Program | CF1 | CF2 | Amount |
|            |  |           |        |         |         |     |     |        |
|            |  |           |        |         |         |     |     |        |
|            |  |           |        |         |         |     |     |        |

|                      |  |             |                  |             |
|----------------------|--|-------------|------------------|-------------|
| <b>CERTIFICATION</b> | <i>I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the date shown, and that I have attached original receipts for each expense of \$75 or more, as required by University Policy.</i> |             |                  |             |
|                      | <b>Traveler</b>  | Name: _____ | Signature: _____ | Date: _____ |
|                      | <b>Authorizer</b>  | Name: _____ | Signature: _____ | Date: _____ |
|                      | (if not same as traveler) _____  |             |                  |             |