

TRAVEL REIMBURSEMENT WORKSHEET

TRAVELER: _____ SOCIAL SECURITY: # _____

TITLE: _____

DESTINATION: _____

DATE/TIME OF DEPARTURE: _____ AM/PM

DATE/TIME OF RETURN: _____ AM/PM

STATE CAR: _____ Yes _____ No (Vehicle # _____)

EXPENSES:

_____	Airfare	\$ _____
_____	Registration	\$ _____
_____	Lodging – Day 1	\$ _____
_____	Day 2	\$ _____
_____	Day 3	\$ _____
_____	Day 4	\$ _____
_____	Day 5	\$ _____
_____	Day 6	\$ _____
_____	Day 7	\$ _____
_____	Meals @ \$21/day – Day 1	\$ _____
_____	Day 2	\$ _____
_____	Day 3	\$ _____
_____	Day 4	\$ _____
_____	Day 5	\$ _____
_____	Day 6	\$ _____
_____	Day 7	\$ _____
_____	Per Diem @ \$50/day in lieu of lodging & meals	\$ _____
_____	Car Rental	\$ _____
_____	Mileage (private vehicles)	\$ _____
_____	Incidental Expenses	\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____	Other	\$ _____
	TOTAL:	\$ _____

SPECIAL INSTRUCTIONS/COMMENTS:

