Travel Reimbursement

Elon College, the College of Arts & Sciences

Please complete, print and sign this form for approved prepaid conference expenses or post conference reimbursement. Clearly label, number and attach original, legible receipts. Foreign currency transactions require bank statements and conversion rates.

Return Date: Extension	Last N	Name:					First Name:			
Conference Location (city, state, and country if outside U.S.): Travel Dates: Departure date Return Date: EXPENSES (Attach receipts for cash & personal card transactions. PCard transactions need to be listed on a separate page & uploaded into WORKS. The Dean's office will confirm, reallocate & sign off.) Amount Explanation if necessary Transportation (air/train): Mileage: Enter miles: Current Mileage Rate Registration: Hotel: Meals: Parking: Other: TOTAL:	СВ		Extension		Dept.			Email		
Travel Dates: Departure date Return Date: EXPENSES (Attach receipts for cash & personal card transactions. PCard transactions need to be listed on a separate page & uploaded into WORKS. The Dean's office will confirm, reallocate & sign off.) Amount Explanation if necessary Transportation (air/train): Mileage: Enter miles: Current Mileage Rate Registration: Hotel: Meals: Parking: Other: TOTAL:	Name	of the Co	onference:					•		
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Transportation (air/train): Mileage: Enter miles: Current Mileage Rate Registration: Hotel: Meals: Parking: Other: TOTAL:										
Mileage: Registration: Hotel: Meals: Parking: Other: TOTAL:				Amour	Amount Explanation if necessary					
Registration: Hotel: Meals: Parking: Other: TOTAL:			(air/train):							
Hotel: Meals: Parking: Other: TOTAL:		_			Enter miles: Current Mileage Rate					
Meals: Parking: Other: TOTAL:										
Parking: Other: TOTAL:										
Other: TOTAL:										
TOTAL:										
Faculty/staff signature: Date:	TOTAL:									
Dean's Office Use Only										
Dean's Office Ose Offig										
Total this request: Account Number:	Total	this requ	est:				Account Nu	mber:		
Total prepaid: Account Name:	Total	prepaid:					Account Nar	me:		
Amount Approved: REIMBURSEMENT:	Amou	ınt Appro	ved:				REIMBURSEN	MENT:		
Dean/Associate Dean Signature: Date:										