



2025 GRANT TRAVEL REQUEST FOR REIMBURSEMENT

SEND TO: SPONSORED PROGRAMS (osp@elon.edu)

| EMPLOYEE INFORMATION | | | |
|----------------------------|----------------------|-------------------|--------|
| CHECK PAYABLE TO: _____ | DATE: _____ | | |
| ADDRESS: _____ | UNIVERSITY ID: _____ | | |
| _____ | or SSN: _____ | | |
| CHECK DISTRIBUTION: | US Mail | Campus Mail: CB # | Pickup |

| GRANT INFORMATION |
|--------------------------------|
| Principal Investigator: |
| Granting Agency: |
| Title of Project: |

*NOTE: One line per expense. Must attach all receipts for expenses listed. A Google Maps printout detailing miles traveled should be included when requesting mileage reimbursement. Attach additional sheets if necessary. Mileage will be reimbursed at **\$0.70** mile.

| DATE <small>(start and end date)</small> | MILEAGE- DESTINATION/PURPOSE | MILES TRAVELED | TOTAL |
|---|---|----------------|-------|
| | | | |
| | | | |
| | | | |
| DATE | TRAVEL EXPENSE DESCRIPTION (see chart on next page) | TOTAL | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| GRAND TOTAL: | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|
| AMOUNT FROM THIS ACCOUNT: \$ | AMOUNT FROM THIS ACCOUNT: \$ | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">-</td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> </table> | - | | | | | | | | | | | <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">-</td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> </table> | - | | | | | | | | | | |
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| - | | | | | | | | | | | | | | | | | | | | | | | |
| ACCOUNT NUMBER | ACCOUNT NUMBER | | | | | | | | | | | | | | | | | | | | | | |

TRAVEL REIMBURSEMENTS MUST BE APPROVED BY SPONSORED PROGRAMS PRIOR TO BEING PROCESSED IN ACCOUNTS PAYABLE. BYPASSING SPONSORED PROGRAMS COULD RESULT IN THE EXPENDITURES BEING CHARGED TO YOUR DEPARTMENTAL BUDGET.

| REQUIRED SIGNATURES | |
|--|--------------|
| Principal Investigator-up to \$2,500 (unless a personal reimbursement) | Printed Name |
| Assistant/Associate Director, Manager, or Department Chairs- up to \$2,500 | Printed Name |
| Dean- up to \$10,000 | Printed Name |
| Assistant/Associate Provost, Vice President- up to \$15,000 | Printed Name |
| Sponsored Programs Representative | Printed Name |

GRANT TRAVEL REIMBURSEMENT INSTRUCTIONS

This form is to be used to claim reimbursement for travel expenses paid while travelling on an Elon University grant. Personal reimbursement will not be made if charges were made on the University Pro-Card. If you incurred expenses using your University Pro-Card, fill out the P-Card Transaction Log for Grant Expenditures.

GENERAL INSTRUCTIONS:

- Only list one expense per line. Attach additional sheets if necessary.
- Travel Reimbursements must be approved by Sponsored Programs prior to being processed in Accounts Payable. Bypassing the Sponsored Programs could result in the expenditures being charged to your departmental budget.
- Mileage will be reimbursed at a rate of \$0.70 per mile. A MapQuest or Google Maps printout detailing the mileage traveled must be attached to the reimbursement request.
- Receipts should be stapled to the form.
- E-tickets, lodging, and conference registration receipts must include name of the traveler, payment amount and means of payment. A credit card statement is not an acceptable form of documentation.
- If expenses were incurred internationally, please include a copy of your personal credit card statement (blackout personal information) with the foreign exchange rate that was charged for that expense.
- Please include your mailing address for mailing the reimbursement check (if applicable).
- Checks may be picked up by the PI, mailed via Campus Mail or to the mailing address provided.

TRAVEL EXPENSES INCLUDE:

1. Meals/Food
2. Hotel/Lodging
3. Gas
4. Supplies
5. Taxi Fare
6. Parking
7. Airfare
8. Tips
9. Conference Registrations

Federal grant guidelines define alcoholic beverages and first class travel as non-allowable costs.

AUDIT REQUIREMENTS:

All expenses are subject to audit. An explanation is required on unusual expenditures before reimbursement. Do not include alcoholic beverages.

In order to justify reimbursement and to meet auditor requirements:

- 1) Attach an itemized copy of hotel/lodging bills.
 - a. The bill must include the name of the traveler, payment amount and means of payment. A credit card statement is not an acceptable form of documentation.
- 2) List each meal and amount for which reimbursement is due. Federal grant guidelines and University policies define alcoholic beverages and first class travel as non-allowable costs.
 - a. Receipts for payment of meals for guests must indicate the names of the guests, the business/grant purpose of the meal, and must be an original or copy of the itemized receipts.
- 3) Attach ticket stub for transportation used other than your own car.
- 4) If you use your own car, indicate mileage which is reimbursed at the rate of \$0.70 per mile. Attach a copy of a MapQuest printout detailing miles traveled.
- 5) E-tickets, lodging, and conference registration receipts must include name of the traveler, payment amount and means of payment. A credit card statement is not an acceptable form of documentation.