

2026 TRAVEL REQUEST FOR REIMBURSEMENT

If receipts total \$150 or less, please complete the [Online Petty Cash Reimbursement Form](#). If receipts total more than \$150, type and print this form and mail to Accounting. If using external grant funds, use the Grant Travel Reimbursement Form.

EMPLOYEE	First Name:											
	Last Name:											
	University ID#:											
	Campus Box:											
	Campus Ext:											
	Receive check by:		Campus Box					Home Address				
TODAY'S DATE:												

Request for reimbursement	
Return travel advance	
STATEMENT OF EXPENSES	
<i>Received Advance of</i>	
<i>Expense Total</i>	
<i>Amount Returned or</i>	
<i>Amount Requested</i>	

*NOTE: One line per expense type. Must attach all receipts for expenses listed. A MapQuest or Google Maps printout detailing miles traveled should be included with the completed form.

TRAVEL DATE	MILEAGE- DESTINATION/PURPOSE	MILES TRAVELED <small>(rate \$0.725/mile)</small>	TOTAL

TOTAL MILEAGE:

TRAVEL DATE	TRAVEL EXPENSE DESCRIPTION <small>(see chart below)</small>	TOTAL

TOTAL OTHER TRAVEL:

GRAND TOTAL:

Travel Expenses 1) Meals/Food 2) Hotel/Lodging 3) Gas 4) Supplies 5) Taxi Fares/Rideshare 6) Parking 7) Airfare & Checked Bag Fees 8) Tips 9) Conference Registration	In order to justify reimbursement and to meet auditor requirements: 1) Attach detailed lodging bills. 2) Attach ticket stub or receipt for transportation other than your own car. If you use your own car, indicate the mileage which is reimbursed at the rate of \$0.725 per mile. 3) Attach a copy of a MapQuest or Google Maps printout detailing miles traveled. <p style="text-align: center;">All expenses are subject to audit. An explanation is required on unusual expenditures before reimbursement. Do not include alcoholic beverages.</p>	Suggestions for keeping cost down: 1) Room with an associate and split the costs down. 2) Eat away from the hotel – use reasonable care in purchase of meals. 3) If traveling by car, travel with your associates and split the cost.
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*NOTE: If splitting the cost between two different accounts, be certain the added totals equal the grant total.

Amount from this account											
-								-			
Account Description											
Budget Manager (printed name AND signature)											
Additional signature if needed (printed name AND signature)											

Amount from this account											
-								-			
Account Description											
Budget Manager (printed name AND signature)											
Additional signature if needed (printed name AND signature)											