

Non-Employee Travel Expense Reimbursement Form

Please complete this form, attach all original receipts, and submit to the department host for processing.

1. Claimant / Payee Information

Full Name:	<input type="text"/>	Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>	Affiliation / Organization:	<input type="text"/>
Mailing Address:	<input type="text"/>		
City, State, Zip:	<input type="text"/>		
Citizenship Status:	<input type="text" value="U.S. Citizen, Permanent Resident, or Foreign National"/>		

2. Trip Information

Purpose of Travel:	<input type="text"/>		
Destination (City, State/Country):	<input type="text"/>		
Departure Date:	<input type="text" value="MM/DD/YYYY"/>	Return Date:	<input type="text" value="MM/DD/YYYY"/>

3. Expense Summary

Please enter the total amounts for each category. Supporting receipts must be attached.

Expense Description	Amount (\$ USD)	Notes / Business Justification
Airfare:	<input type="text"/>	<input type="text"/>
Lodging:	<input type="text"/>	<input type="text"/>
Meals / Per Diem:	<input type="text"/>	<input type="text"/>
Ground Transportation (Taxi, Rideshare, Train):	<input type="text"/>	<input type="text"/>
Personal Vehicle Mileage:	<input type="text"/>	<input type="text" value="No. of miles x rate"/>
Parking / Tolls:	<input type="text"/>	<input type="text"/>
Conference Registration Fees:	<input type="text"/>	<input type="text"/>
Other / Miscellaneous Expenses:	<input type="text"/>	<input type="text"/>
TOTAL REIMBURSEMENT CLAIMED:	<input type="text"/>	(Sum of all rows above)

4. Certifications and Approvals

I certify that the expenses listed above were incurred for official business travel and have not been, and will not be, reimbursed from any other source.

Claimant / Payee Signature: <hr/>	Date: <input type="text" value="MM/DD/YYYY"/>
Authorized Department Approver Name & Title: <input type="text"/>	Department / Funding Account Number: <input type="text"/>
Authorized Department Signature: <hr/>	Date: <input type="text" value="MM/DD/YYYY"/>