

Academic Travel and Conference Expense Reimbursement Form

Please complete this form, attach all original receipts, and submit it to the Department Administrator for processing.

1. Traveler Information

Full Name:	<input type="text"/>	Employee/Student ID:	<input type="text"/>
Department/Division:	<input type="text"/>	Title / Role:	<input type="text"/>
Email Address:	<input type="text"/>	Phone Number:	<input type="text"/>

2. Conference & Travel Details

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

3. Expense Summary

List all expenses incurred. Provide conversion rates if expenses were paid in a foreign currency.

Expense Category	Description / Details	Amount (USD)
Airfare / Train	<input type="text"/>	<input type="text"/>
Lodging	<input type="text"/>	<input type="text"/>
Conference Registration	<input type="text"/>	<input type="text"/>
Meals (Per Diem / Receipts)	<input type="text"/>	<input type="text"/>
Ground Transportation (Taxi, Ride Share, Metro)	<input type="text"/>	<input type="text"/>
Personal Vehicle Mileage (Rate/Miles)	<input type="text"/>	<input type="text"/>
Miscellaneous (Internet, Printing, etc.)	<input type="text"/>	<input type="text"/>
Total Reimbursement Claimed:		<input type="text"/>

4. Funding Source & Accounts

Account / Speedtype / Chartfield String:	<input type="text"/>	Grant / Project Name:	<input type="text"/>
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5. Approvals and Signatures

By signing below, the traveler certifies that the expenses reported are actual and necessary for the academic purposes indicated.

Traveler Signature (or printed name for digital validation): <input type="text"/> Date: <input type="text"/>	Authorized Approver / Chair Signature: <input type="text"/> Date: <input type="text"/>
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