

Field Trip Travel Expense Reimbursement Form

Please fill out this form completely and attach all original receipts for reimbursement. This form is designed for printing and physical signature.

Claimant Information

Claimant Full Name: Department / School:

Employee ID: Email Address:

Trip Details

Field Trip Destination: Course / Project Name:

Departure Date (MM/DD/YYYY): Return Date (MM/DD/YYYY):

Purpose of Field Trip:

Expense Summary

Date	Description / Category (e.g., Lodging, Fuel, Meals, Tolls)	Amount (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Reimbursement Claimed:		<input type="text"/>

Authorization and Signatures

By signing below, I certify that the expenses claimed above were actually incurred for the purpose of the designated field trip and are accurate in accordance with institution policy.

Claimant Signature: Date:

Approver / Supervisor Signature: Date: