



Travel Reimbursement form

Name: _____

Travel City/State/Country: _____

Name of Seminar/Conference: _____

Official Travel Dates: _____ Research Project Account: _____

Mode of transportation from home/office to the airport/destination: (CHECK ONE)

- I drove _____(miles, one-way). Total Mileage: \$
 I paid \$_____for a bus or taxi. (attach receipt)
 No claim for mileage.

Please enter Mileage Rate:

*Pre-paid items should include the dollar amount and be marked as **PP**.

DATE	MEALS OR PERDIEM	LODGING (Including taxes)	LOCAL TRANSPORT	OTHER COSTS AND DESCRIPTIONS
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Subtotal	\$	\$	\$	\$

If additional space is needed, please use the attached continuation page.

AIRLINE TICKET COST \$ _____ PP (attach boarding passes)

REGISTRATION FEE \$ _____ PP (attach badge from conference/meeting)

*Indicate number of meals furnished by outside source(s) – (required): Breakfast _____ Lunch _____ Dinner _____

Mode of transportation from the airport/destination: (CHECK ONE)

- I drove _____(miles, one-way). Total Mileage \$ _____ I paid \$ _____ for parking. (attach receipt)
 I paid \$_____ for a bus or taxi. (attach receipt)
 No claim for mileage.

I understand it is my responsibility to provide original receipts for all expenses, regardless of amount, including those prepaid by MVBRF. I certify that the information provided is accurate and that I have not claimed duplicate reimbursement from any other entity.

Traveler's Signature: _____ Date: _____

Principal Investigator: _____ Date: _____

Section below to be completed by MVBRF staff only.

REIMBURSEMENT AMOUNTS:

REGISTRATION: \$ _____
TRANSPORTATION: \$ _____
LODGING: \$ _____
PER DIEM: \$ _____
OTHER COSTS: \$ _____
SUBTOTAL: \$ _____
TOTAL PREPAID ITEMS: \$ _____
TOTAL AMOUNT TO BE REIMBURSED:
(subtotal less prepaid items) \$ _____

Approved by:

Executive Director or Designee Date

