

Request for Reimbursement of Travel Expenses

Upon return from your trip, please complete the form for expenses that apply.
Attach your original receipts & turn in to the Business Office.

Name: _____

Departure from West Lafayette (Actual Date): _____

Return to West Lafayette (Actual Date): _____

Destination(s) (list all Destinations and Arrival Dates): _____

Personal Time and Expenses (List Dates): _____

Expenses (Mark those you wish to claim, use notes field for any comments):

* Note: Expenses over \$75 require Original Receipt

*** Original Receipt Must be *ITEMIZED*

- Mileage (**personal car only**) to/from _____
- Parking (notes: _____) \$ _____
- Airfare***** (notes: _____)
- Rental Car** *** (notes: _____) \$ _____
- Car Rental Fuel (notes: _____) \$ _____
- Taxi (to/from locations: _____) \$ _____
- Shuttle (to/from loacations: _____) \$ _____
- Lodging***** (notes: _____) \$ _____
- Registration* (Can be e-mail confirmation if no expense) \$ _____
- Meals included in Lodging or Registration # Breakfasts _____ Lunches _____ Dinners _____
- Per Diem/Subsistence Date Range (concur will populate daily rate) _____
- Other Expense (Description: _____) \$ _____
- Other Expense (Description: _____) \$ _____

Business Purpose for Traveling & Benefit to Project (Has there been a change in the scope of the project?)

PI Faculty Name: _____

Account Title & Number (if known) _____