

TRAVEL EXPENSE/REIMBURSEMENT INFORMATION FORM

Name: _____ Emp. ID #: _____

Destination: _____

Purpose: _____

Departure Date: _____ Time: _____

Return Date: _____ Time: _____

Registration Fee: \$ _____

Airfare: \$ _____

Lodging Total \$ _____ Number of nights: _____

Meals \$ varies per location \$ _____ Number of days: _____

Foreign Per Diem Total \$ _____ Number of days: _____

Private Auto \$.58 per mile*: \$ _____ Number of miles: _____ *Can claim either Mileage or Gas, not both

Parking: \$ _____

Tolls: \$ _____

Auto Rental: \$ _____

Gasoline*: \$ _____

Other Transportation: \$ _____ Description: _____

Other Business Expenses: \$ _____ Description: _____

Total: \$ _____

Additional Explanation/information: **PLEASE INCLUDE IF CHARGES WERE OUT-OF-POCKET OR CHARGED TO UMASS TRAVEL CARD (Citibank)**

Spec type:		Fund:		Project/Grant #:	S
Dept. ID:	A114000	Principal Investigator:		Signature	