

TRAVEL EXPENSE/REIMBURSEMENT INFORMATION FORM

Name:		Empl. 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 \$.585 per mile*:	\$ _____	Number of miles:	_____
Parking:	\$ _____		
Tolls:	\$ _____		
Auto Rental:	\$ _____		
Gasoline*:	\$ _____		
Other Transportation:	\$ _____	Description:	_____
Other Business Expenses:	\$ _____	Description:	_____
Total:	\$ _____		

*Mileage is claimed if personal car used (please include mapquest/google map documentation or mileage log sheet). Gas receipts can be reimbursed only if University/rental car used.

****Additional Explanation/information: PLEASE INCLUDE IF CHARGES WERE OUT-OF-POCKET OR CHARGED TO UMASS ONECARD****

Speed Type#		Trip approved in Travel Registry? Y/N		Travel Registry#	
Dept. ID:	A114000			Principal Investigator:	