

# BIOLOGICAL CHEMISTRY TRAVEL REIMBURSEMENT REQUEST

Name	Employee ID *	Phone	Dates of Trip	Recharge ID or Fund #			
<b>Purpose and Location of Trip:</b>							
Please enter daily amounts or grand total in right-hand column.							
<b>Employee Paid Expenses to be Reimbursed</b>							
<b>Date Expenses Occurred</b>							<b>Total (in US \$)</b>
Lodging							0.00
Daily Meals Total Per Day							0.00
Car Rental/Trans.							0.00
Mileage @ \$0.67/mile **							0.00
Parking							0.00
Airline Tickets							0.00
Train Tickets							0.00
Taxi Fare Totals							0.00
Telephone Calls							0.00
Registration							0.00
Miscellaneous							0.00
<b>Daily Totals/Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Previously Paid Expenses</b>							
Lodging							0.00
Airline Tickets							0.00
Registration							0.00
Miscellaneous							0.00
<b>Totals</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Comments or further expenses</b>							

\* If Non-Employee, please provide home address \_\_\_\_\_  
 \_\_\_\_\_

\*\* If claiming mileage per diem:  
 Please provide the license plate# (if new car, write "NEW CAR") \_\_\_\_\_  
 Trip miles \_\_\_\_\_  
 Does the car have liability insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO

Authorized Signature \_\_\_\_\_

**PLEASE MAKE SURE TO ATTACH AND SUBMIT YOUR ORIGINAL RECEIPTS**