

# College of Music & Dramatic Arts Travel Reimbursement Request Form

ALL RECEIPTS MUST BE ATTACHED (TAPED TO A SEPARATE SHEET OF PAPER) AND SUBMITTED WITH THIS FORM.

<b>Traveler:</b>		<b>Date Submitted:</b>	
<b>Destination:</b>			
<b>Departure Date:</b>		<b>Return Date:</b>	
<b>Time of Departure:</b>		<b>Time of Return:</b>	

EXPENSES PAID ON LACARTE		
Expense	\$ Amount	Transaction Description
Registration	\$	
Airfare	\$	
Luggage Fee	\$	
Airport Parking	\$	
Lodging*	\$	
Rental Car	\$	
Miscellaneous	\$	
* if <b>CONFERENCE LODGING</b> , proof of conference hotel/rate must be attached		

EXPENSES PAID ON PERSONAL FUNDS		
Expense	\$ Amount	Transaction Description
Registration	\$	
Airfare	\$	
Luggage Fee	\$	
Airport Parking	\$	
Lodging*	\$	
Mileage**	\$	
Meals	\$	
Rental Car	\$	
Miscellaneous	\$	
* if <b>CONFERENCE LODGING</b> , proof of conference hotel/rate must be attached		
Total Amount Requested for Reimbursement ----->		\$

**\*\*MapQuest (or other) must be attached to claim mileage reimbursement. Out of State mileage must have a Shorts flight quote attached.**

I certify that all expenses claimed on this request were paid by me and incurred on University business. I also certify that I have submitted all receipts and filled out this form complete as to the best of me knowledge.

Traveler: \_\_\_\_\_ Date: \_\_\_\_\_