

## Department of Recreation, Sport and Tourism Travel Reimbursement Request

To expedite reimbursement processing, please complete this form and attach to receipts.  
Receipts are required on all expenses over \$10.

Name:	University ID Number (UIN):
Destination:	
Departure Date:	Return Date:
Departure Time:	Return Time:
Purpose of Travel:	
<b>Expense Information</b>	
Mileage: if other than a straight round trip, please provide detailed route information	
Lodging: receipts must reflect a zero ending balance. Conference Hotel? If yes, a copy of the conference hotel information internet page is required.  If no, please provide reason for not staying in conference hotel.	
Flight: Was your flight prepaid by department?  If not, please submit itinerary and receipts.	
Rental Car:	
Per Diem: Which days are you requesting per diem?  Were any meals provided?	
Miscellaneous Expenses: (registration fees, taxis, parking, etc.)	
<b>Funding</b>	
DEPT: \$ _____	Banner CFOP _____
GRANT: \$ _____	Banner CFOP _____
CHAD: \$ _____	Banner CFOP _____
STF: \$ _____	Banner CFOP _____
Other: \$ _____	Banner CFOP _____