Faculty Travel Reimbursement Request Form

Name of Person Traveling:			Employee ID#	
Departure Date & Time:		Return Date & Time		
Purpose of travel				
Reimbursements Required Air Fare (Receipts are required) (If traveling by car, only amount equal to the amount of a	irfare will be reimbursed)		Office Use: Pathology Trip #:	
Lodging: (Receipts are required)				
Meals: (Receipts are required ONLY for HOSTED events) DATE Please mark all meals as EXAMPLE: 5/25/2010	Breakfast "R" - needs reimbursed or "S" s	Lunch upplied by another source or "H"	<u>Dinner</u> Hosted	TOTAL AMOUNT
*Per diem rates can be found at www.gsa.gov			Total Amount to Reimburse	
Registration: (Receipts Required)				
Other: (Receipts are required) Parking Mileage to Airport (from Ann Arbor) Other:		Baggage Taxi Other:		
Total Reimbursement: Shortcode for Reimbursement or use CME				
I attest that all expenses reported herein are University business-related and in accordance with University policy. I further attest that I have not received and will not receive reimbursement from any other source for the expenses reported. I agree that any monies owed to the University from this expense report will be payroll deducted at the maximum amount allowed by law. Signature of Traveler: Notes:				