Staff 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 equal to the amount equal to the amount equal to the equal to th	ınt of airfare will be reimburse	d)	Office Use: Pathology Trip #:	
Lodging: (Receipts are required)				
Meals: (Receipts areNOT required) DATE Please mark al. EXAMPLE: 5/25/2010	Breakfast I meals as "R" - needs reimbur R	Lunch sed or "S" supplied by another sour	<u>Dinner</u> cce	TOTAL AMOUNT
*Per diem rates can be found at www.gsa.gov				
			Total Amount to Reimburse	\$ -
Registration: (Receipts are required)				
Other: (Receipts are required)				
Parking		Baggage		
Mileage to Airport (from Ann Arbor)		Taxi		
Other: *Please Specify		Other:*Please Specify		
Total Reimbursement:				
			Shortcode:	
Supervisor Approval: All travel must be approved by faculty prior to tr	ravel or reimbursement If you	u have email approval please attac	h Otherwise please have faculty sign	
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:				