

Travel Expense Statement

All information must be provided

***Please Print and return to Business Office with original Receipts

OFFICE USE ONLY

Req. # _____

UPAS Required Y N

Last Name: _____ **First Name:** _____

Social Security Number: _____ **Email:** _____

Home Address: _____

City, State, Zip: _____

Are you currently on payroll? YES NO **Source of Funding (FRS#):** _____

Purpose of Travel: (If conference you must include dates and locations)

Departure Date: _____ **Return Date:** _____

City of Origin: _____ **Time of Departure:** _____

Destination: _____ **Time of Return:** _____

POV (Personal Owned Vehicle) Mileage: _____

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FY 10 PER DIEM RATES beginning 7/1/09

Mileage:

Effective for trips commencing on or after January 1, 2010, the POV rate is \$0.50/mile regardless of the number of miles traveled.

Per Diem: (no receipts required)

Breakfast	\$8.00
Lunch	\$10.00
Dinner	\$24.00

Misc. Expenses: may be claimed without receipts for Foreign and Domestic travel, but do require a detailed explanation. All expenses must be **Actual** and Reasonable, as determined by someone with authority (i.e. PI, Chair, Dean).

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DATE							
AIR/Rail							
Lodging/Housing							
Travel Meals/Hosting							
Phone/FAX							
Ground Transportation							
Vehicle Rental/Motor Pool							
Personal Car Mileage							
Conference Fee							
Other Travel Expenses							
TOTALS							

Total