

Travel Expense Statement

***Please Print and return to the Program Management Specialist
in the Chair's Office with original Receipts

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

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

Home Address: _____

City, State, Zip: _____

Are you currently on payroll? YES NO

Source of Funding for this trip (KFS Account #): _____

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: _____

* * * * *

FY18 UMCP REIMBURSEMENT RATES effective 7/1/17

Mileage:
Effective for trips commencing on or after January 1, 2017, the POV rate is \$0.535/mile regardless of the number of miles traveled.

Per Diem: Breakfast \$10.00
(no receipts required) Lunch \$12.00
Dinner \$25.00

Misc. Expenses: may be claimed without receipts up to a total of \$75.00 per day for Foreign and Domestic travel. All expenses must be **Actual and Reasonable**. Reasonableness is to be determined by someone with authority (i.e. PI, Chair, Dean).

DATE								
AIR/Rail								
Lodging/Housing								
Travel Meals/Hosting								
Internet/Phone/FAX								
Ground Transportation								
Vehicle Rental								
Personal Car Mileage								
Parking								
Conference Fee								
Other: _____								
Other: _____								
TOTALS								