

**Dean for Academic Affairs**  
**Faculty Conference Travel completed in the 2012-2013 Academic Year**  
**Request for Reimbursement**

Name \_\_\_\_\_ Department \_\_\_\_\_ Phone ext. \_\_\_\_\_

Destination (city, state) \_\_\_\_\_ Date(s) of travel \_\_\_\_\_

Conference title \_\_\_\_\_

Participation \_\_\_\_\_

[If you are requesting 100% reimbursement, please indicate the nature of your participation in the meeting (e.g., gave a paper, served as discussant or panelist, attended as an association officer)]

Please indicate *all* expenses associated with this trip. Staple itemized receipts, including, when applicable, the receipt from airline tickets. *Any individual expense totaling \$50 or more will not be reimbursed without an itemized receipt unless page two of this form is completed.* Foreign per diem only for meals and lodging, no domestic per diem accepted.

Type of expense	Amount	<i>Dean's office use only</i>
Airfare		1-6010
Ground transportation (rail/bus/metro/taxi/auto rental/etc.)		1-6020
Mileage (no of miles _____ @ \$.555/mile) <i>attach copy of mileage calculator from web</i>		1-6025
Lodging		1-6015
Meals		1-6030
Registration fees		1-6065
Other (parking/tolls/internet fees/bag fees):		1-6040
<b>Total</b>	\$ -	\$ -
Percent eligible to be reimbursed ( <i>100 or 80</i> )		
Total reimbursement	\$ -	
Less: Amount charged on College credit card or direct-billed to College		
Less: Amount of travel advance		
<b>Total reimbursement requested</b>	\$ -	
Attach exchange rate info from web		

Signature of traveler \_\_\_\_\_ Date \_\_\_\_\_

Dean's office approval \_\_\_\_\_ Date \_\_\_\_\_

Project number: \_\_\_\_\_

2<sup>nd</sup> Project number if applicable: \_\_\_\_\_

**ONLY IF MISSING A RECEIPT  
FOR EXPENSE OVER \$50**

Please provide the following information:

Date Paid \_\_\_\_\_

Vendor Name \_\_\_\_\_

Location (City, State or Country) \_\_\_\_\_

Amount Paid \_\_\_\_\_

Item Description \_\_\_\_\_

STATEMENT OF REASON FOR NOT HAVING RECEIPT

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**CERTIFICATION**

Date \_\_\_\_\_

I, \_\_\_\_\_

Name

of \_\_\_\_\_

Department Name

certify that the foregoing transaction receipt is not available or obtainable. The information is true and accurate, and the amount shown is legally due.

X

Signature