

UMIACS Travel Reimbursement Form

Please fill out form completely and print it out.
Attach original receipts and airline tickets and stubs
Bring them to UMIACS Business Office, room 2126 A.V.Williams.

FRS#:
P.I. approval signature:

Name:
 Social Security # (or attach copies of passport and US visa):
 Home Address:
 Purpose of travel and destination:
 E Mail Address:

Receipts required for all expenses except those cover by per diem. _____

INITERARY

Dates (MM/DD/YYYY)								
	Start	End	Start	End	Start	End	Start	End
Time								
From								
To								
To								
Private Auto Mileage								

TRAVEL EXPENSES BY DATE

Dates (MM/DD/YYYY)								Total
Breakfast**								
Lunch**								
Dinner**								
Lodging								
Taxi or Limo								
Air/Rail/Bus								
Auto Rental								
Parking Fee								
Bridge or Tolls								
Telephone								
Registration Fee								
Porterage								

Private Auto Mileage* (please include in above itinerary) - miles at per mile:

From To **Total** **Total Expenses:**

*** Normal Commute Mileage Is Subtracted From Travel**

**** Domestic Travel Meal Maximums effective July 1, 2002**
 Meal costs include related gratuities.

- Breakfast: \$8.00** If departure is earlier than 6:30 a.m.
- Lunch: \$10.00**
- Dinner: \$21.00** If return is later than 6:30pm

International Per Diem No Per Diem While In Flight

- Breakfast: 15%
- Lunch: 25%
- Dinner: 60%

Remarks: