EPSS TRAVEL EXPENSE REIMBURSEMENT FORM

DATE SUBMITTED: ____________________ **RECHARGE ID#:** ____________________

NAME: ____ **UNIVERSITY ID:** ____________________________

ADDRESS: ____

EMAIL: ____ **PHONE:** ______________________________

DESTINATION AND PURPOSE OF TRIP: ____

TRAVEL DATES: ;____________________________

TRANSPORTATION:

Mileage: From______________________ To _______________________ Total ________ x 0.535/mile = $ $ 0.00

Airfare: From____________________________________ To______________________________________ $ ______________

From____________________________________ To______________________________________ $ ______________

**NOTE: original passenger receipt/ticket stub or e-ticket itinerary required for air travel*

Car Rental, Gas .... $ ______________

** NOTE: original, itemized receipts required; car rental insurance is not a reimbursable expense for domestic rentals (insurance covered by UC contract)*

Taxi, Parking, Tolls, Bus, Train and Subway .... $ ______________

DOMESTIC LODGING, MEALS, INCIDENTALS, OTHER EXPENSES:

DATE	LOCATION	LODGING	MEALS	OTHER (regist./phone/supplies, etc.)
		$	$	$ item:
		$	$	$ item:
		$	$	$ item:
		$	$	$ item:
		$	$	$ item:
		$	$	$ item:
		$	$	$ item:
		$	$	$ item:
		$	$	$ item:
		$	$	$ item:
		$	$	$ item:
	SUB-TOTALS	$$ 0.00	$$ 0.00	$ $ 0.00

EXPENSES TOTAL: $$ 0.00___________

LODGING: original ITEMIZED hotel receipts required (not credit card receipt only)

MEALS: overnight stay required for meal reimbursement; domestic cap is $74/day and no receipts needed if claim actual expenses only (NOTE: if you claim $74 max every day, you should keep receipts on file in case of audit).

OTHER: for registration and any misc. expenses over $75, provide itemized receipt AND proof of payment.

TOTAL TRIP REIMBURSEMENT REQUESTED: $ $ 0.00__________

INSTRUCTIONS: ATTACH ALL RECEIPTS IN CHRONOLOGICAL ORDER, BY CATEGORY, ON 8.5X11 SHEETS. SUBMIT RECEIPTS TO EPSS MAIN OFFICE ASAP, NO LATER THAN TWO WEEKS FOLLOWING RETURN FROM TRAVEL.

Signature____