

Request for In-State Travel Reimbursement

Traveler Information	
Name: _____	EIN: _____ Work Phone No: _____
Home Address: _____	City: _____ Zip: _____
Destination: _____	
Reason for travel: _____	

Billing Information	
ELCID: _____	Dept: _____ Fund: _____ Unit: _____ Appr: _____

Travel Times	
Departure Time (from home or office) ____:____	Date: ____/____/____
Return Time (to home or office) ____:____	Date: ____/____/____
Is any part of this travel personal time?	Yes No (if yes) Dates _____

Lodging	
Hotel/Motel <small>NOTE: Must be itemized receipt</small>	Was this a conference hotel Yes No
Friend/Relative – No receipt required. Reimbursement is \$25/night	
No overnight stay	

Were any meals provided <small>NOTE: Any meals provided in your registration fee or by the hotel WILL NOT be reimbursed by DTS</small>	
No	Breakfast \$10.00
Yes	Lunch \$13.00
If "yes", List dates and which meals	Dinner \$16.00

<small>NOTE: If you require special meals because of health concerns, you will be reimbursed up to the meal per diem when an "original receipt" is provided.</small>	

Transportation	
State Vehicle	
Rental Car Must have prior written approval from DTS Executive Director.	
Gas for Rental \$ _____ (Provide receipts)	
Private Vehicle – Miles: _____ State vehicle available .38¢ If State vehicle is not available .56¢. Attach the DTS Employee Vehicle Availability Form for reimbursement at the higher rate.	
Airplane (Attach airline itinerary and e-ticket – required)	

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Miscellaneous Expenses: attach receipts

Phone calls Phone calls need to be identified as either (P) personal or (B) business. Business calls will be reimbursed in full with receipt. NOTE: if your agency provides you a cell phone, you **WILL NOT** be reimbursed for phone calls

Photocopies, Faxes, other materials. Amt paid _____ (Attach explanation)

Registration (Attach receipt if you paid at the door) Amt \$ _____

Copy of Agenda No Agenda was provided