

# Request for Out-of-State Travel Reimbursement

## Traveler Information

Name: \_\_\_\_\_ EIN: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 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 \_\_\_\_\_

Dates of Conference: First Day: \_\_\_\_/\_\_\_\_/\_\_\_\_ to Last Day: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Lodging

Hotel/Motel NOTE: Must be an itemized receipt

Was this a conference hotel Yes No

Friend/Relative – No receipt required. Reimbursement is \$25/night

## Were any meals provided NOTE: Any meals provided in your registration fee or by the hotel WILL NOT be reimbursed by DTS

|                                      |           |         |
|--------------------------------------|-----------|---------|
| No                                   | Breakfast | \$10.00 |
| Yes                                  | Lunch     | \$14.00 |
| If "yes", List dates and which meals | Dinner    | \$22.00 |

\_\_\_\_\_

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 with Executive Director Approval

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## Transportation

**Private Vehicle - Note:** Prior approval for Private Vehicle use to travel destination is required.

To/From Airport \_\_\_\_\_ (miles) x 2 way or 4 way \_\_\_\_\_ Total Miles x .54¢ = \$ \_\_\_\_\_

**Parking at Airport (Note:** Maximum reimbursement \$9/day - Long Term parking only - Receipt Required)

Other:

Purpose: \_\_\_\_\_ Date: \_\_\_\_\_ Mileage: \_\_\_\_\_

**State Vehicle** (No mileage reimbursement)

**Airplane** (Provide airline itinerary and e-Ticket)

**Shuttle/Taxi** (Provide receipt(s))

From: \_\_\_\_\_ To Destination: \_\_\_\_\_ Amount: \_\_\_\_\_ + tip: \_\_\_\_\_ Date: \_\_\_\_\_

From: \_\_\_\_\_ To Destination: \_\_\_\_\_ Amount: \_\_\_\_\_ + tip: \_\_\_\_\_ Date: \_\_\_\_\_

From: \_\_\_\_\_ To Destination: \_\_\_\_\_ Amount: \_\_\_\_\_ + tip: \_\_\_\_\_ Date: \_\_\_\_\_

From: \_\_\_\_\_ To Destination: \_\_\_\_\_ Amount: \_\_\_\_\_ + tip: \_\_\_\_\_ Date: \_\_\_\_\_

**Rental Vehicle :** Must have prior written approval from DTS Executive Director. (Provide receipt)

**Gas for Rental** \$ \_\_\_\_\_ (Provide receipts)

## Miscellaneous Expenses: attach receipts

**Tips** Eligible expenses: Sky Cap if they carry your luggage, Park-Jet. Show dates, Amount tipped and whom you tipped.

Laundry - \$18 for trips in excess of 6 days **\*Receipt Required.**

**Note:** Maid service, door, bell person and tips for meals are not reimbursable.

| Date  | Amount | Person |
|-------|--------|--------|
| _____ | _____  | _____  |
| _____ | _____  | _____  |
| _____ | _____  | _____  |

**Baggage Fee** Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

**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**

**Other Misc Expenses:**