

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 ____:____ Date: ____/____/____

Return: _____ Time ____:____ 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 Total hotel cost (Subtract personal expense) :

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

Provided Meals NOTE: Any meals provided in your registration fee or by the hotel WILL NOT be reimbursed by DTS

Select meals were provided

Date	Breakfast	Lunch	Dinner

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

Transportation

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

To/From Airport Miles _____ x 2 way (Drove Self) or 4 way (dropped off/picked up) Total Miles _____

Parking at airport \$ _____ (Note: Maximum reimbursement \$10/day - Long Term parking only - Receipt Required)

Other:

Purpose: _____ Date: _____ Mileage: _____

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Purpose: _____ Date: _____ Mileage: _____

Purpose: _____ Date: _____ Mileage: _____

State Vehicle (No mileage reimbursement)

Airplane (Provide airline itinerary and e-Ticket)

Shuttle/Taxi (Provide receipt/s) Max tip is \$5 or 18% whichever is greater

Date: _____ Origin: _____ Destination: _____ Amount: _____ +tip: _____

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Date: _____ Origin: _____ Destination: _____ Amount: _____ +tip: _____

Date: _____ Origin: _____ Destination: _____ Amount: _____ +tip: _____

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

Gas for Rental \$ (Provide receipt/s)

Miscellaneous Expenses: Attach receipts

Tips Eligible expenses: Sky Cap if they carry your luggage, Park-Jet, Housekeeping, Door/Bell person.

Show dates, Amount tipped and whom you tipped.

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

Note: Tips for meals over per diem are **NOT** are not reimbursable.

Date _____ Amount _____ Person _____

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Date _____ Amount _____ Person _____

Baggage Fee: Amount: _____ Date: ____/____/____ Amount: _____ Date: ____/____/____

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

Copy of Agenda

Other Misc Expenses: _____

Comments: _____
