

IDAHO STATE UNIVERSITY TRAVEL REIMBURSEMENT REQUEST

Advance Date _____
 Advance \$ _____
 Check # _____
 T A # _____
 Reimb. # _____

Date _____

THIS FORM MUST BE FILLED OUT COMPLETELY. ATTACH ORIGINAL RECEIPTS. IF THIS FORM IS INCOMPLETE, IT WILL BE RETURNED WITH INSTRUCTIONS.

Name _____ SS # _____ Contact Person _____

Department _____ Fund # _____ Contact Phone # _____

Box # _____ Phone # _____

Departure Date _____ Return Date _____

Departure Time _____ Return Time _____

Departure Place _____

Destination _____

Mode of Transportation-Check box(es) below:

Air St. Car Passenger Private Car Rental

Rental Car Justification _____

Private Car License # _____

Round Trip Mileage _____ Vicinity Mileage _____

Business Purpose of Travel : _____ _____ _____ _____	
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	AMOUNT CLAIMED	OFFICIAL USE ONLY
Meals	\$ _____	\$ _____
Lodging	\$ _____	\$ _____
Mileage	\$ _____	\$ _____
Parking	\$ _____	\$ _____
Ground Travel	\$ _____	\$ _____
Airfare	\$ _____	\$ _____
Registration	\$ _____	\$ _____
Phone	\$ _____	\$ _____
Gasoline	\$ _____	\$ _____
Misc.	\$ _____	\$ _____
TOTAL CLAIMED	\$ _____	\$ _____

NOTE: Reimbursement claims are subject to change where amounts exceed allowable expenses as stated in the Idaho State University and State of Idaho Travel Regulations.

I certify that the above amounts are correct, that amounts claimed were incurred for University business purposes, and that no part of the claim has been reimbursed to me or paid by the University or a third party.

 Signature of Department Head Date
 (or designee)

 Signature of Claimant Date

IN-STATE TRAVEL	ACCOUNTING USE ONLY	OUT-OF-STATE TRAVEL
Fund Number	7901 _____ 7904 _____ 7905 _____ 7918 _____ 8123 _____ 8207 _____ 8403 _____ _____	7911 _____ 7914 _____ 7915 _____ 7921 _____ 8123 _____ 8207 _____ 8403 _____ _____
	TOTAL _____	TOTAL _____