

NC STATE UNIVERSITY

TRAVEL REIMBURSEMENT REQUEST FORM

Traveler's Vendor Number	
Traveler's Name (First Middle Last)	
Traveler's e-mail address	
Traveler's Permanent Address	
Traveler's Work Phone Number	
Traveler's Home Phone Number	
Beginning Date of Travel	
Beginning Time	
Ending Date of Travel	
Ending Time	
Destination – City, State or Country name	
Purpose of the trip (Be sure to <u>attach agenda</u> showing meals provided at conference, if you want to be reimbursed for meals.)	
Conference/Workshop Registration Fee	
Total Miles traveled (if you need reimbursement)	
Air Fare (if prepaid, indicate so in the right column)	
Number of meals to be EXCLUDED: (meals included in registration/personal days should be excluded from the meal allowance).	Breakfast Lunch Dinner
Excess Meal (enter amount in excess of the per diem rate)	
Lodging Amount (include lodging and taxes- no phone, meals, internet, etc.)	
*Project(s) to be charged	
Provide voucher numbers of prepaid airfare and registration fees	

* If the expenses should be split between several projects, make changes on the final printout before signing it.

Other Transportation Expenses

Description	Amount	Receipt (Y/N)

Other Expenses

Description	Amount	Receipt (Y/N)

PLEASE ATTACH ORIGINAL RECEIPTS.
All receipts must be taped to 8 ^{1/2} X 11 sheets of paper.