

NC STATE UNIVERSITY

TRAVEL REIMBURSEMENT REQUEST FORM

Traveler's Vendor Number	888888
Traveler's Name (First Middle Last)	JoJo Lue Jenkins
Traveler's e-mail address	jli@gmail.com
Traveler's Permanent Address	5555 Wolf Lane Raleigh, NC 27801
Traveler's Work Phone Number	919-555-7177
Traveler's Home Phone Number	919-444-1133
Beginning Date of Travel	08/25/2017
Beginning Time	10:00 am
Ending Date of Travel	8/31/2017
Ending Time	8:00 pm
Destination – City, State or Country name	Miami, FL
Purpose of the trip (Be sure to <u>attach agenda</u> showing meals provided at conference, if you want to be reimbursed for meals.)	Customer Focus
Conference/Workshop Registration Fee	\$150
Total Miles traveled (if you need reimbursement)	68
Air Fare (if prepaid, indicate so in the right column)	\$459
Number of meals to be EXCLUDED: (meals included in registration/personal days should be excluded from the meal allowance).	Breakfast 1 Lunch 0 Dinner 1
Excess Meal (enter amount in excess of the per diem rate)	\$35
Lodging Amount (include lodging and taxes- no phone, meals, internet, etc.)	\$1900
*Project(s) to be charged	2
Provide voucher numbers of prepaid airfare and registration fees	XDR885682W

* 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)
Uber	\$165.98	Y

Other Expenses

Description	Amount	Receipt (Y/N)
Printing	\$5.98	Y

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