## Rev. 02/2022

## GUEST FOREIGN TRAVEL REIMBURSEMENT WORKSHEET

Submit completed form digitally along with all original receipts to your travel processor.

Name:				Date:						
Address:										
				U.S. C	itizen	1:	Yes	No		
E-mail Address:				City of Residence:						
Guest ID (if kno	wn)									
Account to be	charged:									
Purpose of Trav										
Destination:										
Did you obtain <sup>-</sup>	Travel Insurance t	or this trip?	N	lo	Yes	S				
Did you obtain	a Travel Advanc	ce for this tri	p?	No		Yes	\$			
Was there any <sub>l</sub>	personal time dur	ing this trip?	No		Yes	Fron	າ:	То	·	
Initial Departure Lo	ocation:		Initial De	eparture	Date:			Initial Departure	Time:	
				Arrival D	ate	Arrival T	ime	Departure Date	Departure	Time
Location 1:										
Location 2: Location 3:										
Location 4:										
∟ Final Arrival Locati	on:							Final Arrival Tim	e:	
TRANSPORTA	<u>TION</u>									
Airfare: \$	RT	Paid for by:		Credi	t Car	d	Ch	arged to Depa	rtment	
Private Car Mile	eage:Lic	ense Plate #:			CI	heck he	re to	confirm your lia	ability ins	urance
Rental Vehicle:	\$	Rental Vehic	de Gas	soline: S	8		_	UC Vehicle:	Yes	No
Taxi/Bus: \$	Train:	\$		Othe	: <u>\$</u>			Parking: \$		
PER DIEM (ME	ALS AND LODG	ING)								
•	g per diem meals							nount <u>\$</u>		
•	g per diem lodgin de receipts for loc	•	ro clair	No ning "a	or ctual	Actu ' rathor '	al An	nount \$		
(100 Must provi	•	aging ii you ai	e ciali	illig a	ciuai	Talliel	lliall	per diem.)		
	Te	lephone/Fax:	\$		Othe	er (expla	in): \$			
	ge Fees: <u>\$</u>									
			ange i	iale 03	<b>σα</b> . <u>Ψ</u>	1.00 0.	<u> </u>			
	I certify that the above is a tru		onego elek-	od wore ins	rrod	AUTHORIZIN	C CICNA	TIDE	5.	ATE
<u>SIGNATURES</u>	by me on official University by original receipts for each exp	usiness on the dates sho	wn, and that	I have attacl	ned	AUTHORIZIN	G SIGNA	OME		
	Traveler's Signature			Dat	 e	Print name a	nd title:			