



THE UNIVERSITY OF UTAH  
 DEPARTMENT OF  
 MECHANICAL ENGINEERING

# Travel Reimbursement

Original Itemized Receipts Required

THIS WILL NOT BE SUBMITTED FOR REIMBURSEMENT UNLESS YOU SIGN THE PAYEE SIGNATURE LINE & YOU HAVE AUTHORIZATION

Pre-Trip  Final  Travel #: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

U of Utah ID: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Class/Team Name & Number: \_\_\_\_\_

Chartfield: 01 - 00068 - \_\_\_\_\_ (Fund) - \_\_\_\_\_ (Activity or project)

The PAYEE SIGNATURE is required for all employee/student reimbursements, and must include a readable print of their name, uNID/EmplID, and email address.

I certify that these expenses were actual, necessary, reasonable and incurred for official business of the University of Utah and that no portion of this claim was provided free of charge, previously reimbursed from any other source, or will be paid from any other sources in the future.

PAYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Authorized by: \_\_\_\_\_

(Faculty signature required)

Reason for Trip: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mail reimbursement to: \_\_\_\_\_

(If other than MEB 2110) \_\_\_\_\_

**AIRFARE:** Name of Airline: \_\_\_\_\_ Paid By \_\_\_ University \$ \_\_\_\_\_  
 \_\_\_\_\_ airfare

\*\*Call travel agent for state contract rate maximum prior to purchase. \_\_\_\_\_ Traveler

**PERSONAL AUTO** \$ \_\_\_\_\_  
 \_\_\_\_\_ personal auto

\*\* \_\_\_\_\_ Miles @ (Mileage allowance) - \$.50/mile or (\$.36/mile Fleet Vehicle)

(If flying to destination you cannot claim mileage for personal auto)

**LODGING** Paid By \_\_\_ University \$ \_\_\_\_\_  
 \_\_\_\_\_ Traveler \_\_\_\_\_ lodging

Hotel Name: \_\_\_\_\_ Non-conventional: \_\_\_\_\_

**MEAL EXPENSE** \$ \_\_\_\_\_  
 \_\_\_\_\_ meal expense

Per Diem \_\_\_\_\_ Days @ \$ \_\_\_\_\_ /Day

(1<sup>st</sup> and last day of travel are reimbursed at 75% of per diem.)

Flat Amount set by PI \$ \_\_\_\_\_ (If claiming exact cost up to 120% of per diem, itemized receipts are required)

**CONFERENCE REGISTRATION** \$ \_\_\_\_\_  
 \_\_\_\_\_ registration

Are you presenting?  Yes  No

Are any meals provided?  Yes  No

How did you pay? \_\_\_\_\_

**CAR RENTAL** \$ \_\_\_\_\_  
 \_\_\_\_\_ car rental

Car Rental Name \_\_\_\_\_

\*\*Car Rental Agencies (Contract #) – National/Enterprise (XZ47075) Hertz (0198552)

If not using contract rates there will be a \$3 /day insurance surcharge.

**Taxi, Bus, Shuttle, Etc.** \$ \_\_\_\_\_

**Parking** \$ \_\_\_\_\_

**Gasoline** \$ \_\_\_\_\_

**Other** \$ \_\_\_\_\_

**Subtotal** \$ \_\_\_\_\_

**Graduate School / Other Contribution (Subtract)** \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_