

## Form 100-1-C: Library Travel Reimbursement Form

Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Phone Ext: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
 Departure City \_\_\_\_\_  
 Destination City/State/Country \_\_\_\_\_

Date/Time Left Home: \_\_\_\_\_  
 Date/Time Returned Home: \_\_\_\_\_  
 Date form turned in: \_\_\_\_\_  
 Account Number to Charge (if known) \_\_\_\_\_  
 Trip Authorized By: \_\_\_\_\_  
 Direct Library Billing: \_\_\_\_\_  
 (circle) Airline: yes / no Registration: yes / no

Purpose of Trip: \_\_\_\_\_

Day #	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Total
Date (MM/DD/YY)											
City IN											
Registration Fees (1)											
Breakfast											
Lunch											
Dinner											
<b>Total Meals &amp; Incidentals</b>											
Hotel Room per Day											
Hotel Tax per Day											
Phone											
Internet											
<b>Mileage \$ (complete # below)</b>											
Parking											
Shuttle											
Taxi											
Other (_____)											
<b>Tot. Reimbursement Request</b>											
Mileage (# of miles)											
<b>Current rate per mile</b>	<b>\$ 0.550 (effective 1/1/09)</b>										
<b>Prepaid Air Fare</b>											
<b>Prepaid Registration</b>											
<b>Total with PrePaid</b>											

(1) Both the completed registration form and a receipt (proof of payment) are required for reimbursement of registration fees.

This form is to be used as a worksheet and is to be submitted with all required receipts.  
 All receipts are still required and reimbursement will be made in accordance with University travel rules and regulations.

The above is a true statement of travel expenses incurred by me on official University business on the dates shown:

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