

Transportation Reimbursement Request – Same Day Travel

TRAVELER INFORMATION	
First Name: _____	MI: _____
Last: _____	
Home Address - Number and Street: _____	
City: _____	State: _____
Country, if not U.S.: _____	Zip Code: _____
Department: _____	
Tax Home Category: _____	

AWARD INFORMATION	
Award: _____	
Project: _____	
Task: _____	
Req/PO #: _____	
Org. Type: <u>210</u>	
If required, Sponsor has provided prior approval:	
<input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	

TRIP	
DEPARTURE	
Point of Departure: _____	
Date: _____	
Time: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
Destination: _____	
Purpose of Travel: _____	
RETURN	
Point of Return: _____	
Date: _____	
Time: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM

TRANSPORTATION EXPENSES	
Personal Car	Enter number of miles driven: _____
	Federal standard mileage rate: _____
	2019 GSA rate: \$0.58
	2018 GSA rate: \$0.545
Miles X Rate: _____	\$ _____
Parking: _____	
Tolls: _____	
Common Carrier: _____	
Taxi: _____	
Car Rental (<i>attach required justification</i>): _____	
Miscellaneous (explain): _____	

Total Reimbursement Request: \$ _____ -	

CERTIFICATION AND APPROVAL	
I hereby certify that the above trip was taken for the purpose indicated; that the above accounting is accurate; that no portion has been paid, except as stated on this form and that the balance indicated is due or reimbursable; that, if this is a federal or state sponsored fund, no charges for alcohol are included in accordance with Research Foundation Travel Policy.	
_____ Traveler Signature	_____ Date

REVIEWED AND APPROVED			
_____ Project Director Signature	_____ Date	_____ Operations Manager Signature	_____ Date