



# AFTER TRAVEL REIMBURSEMENT REQUEST

**Ecology Center Office Use Only**

Prepared By: \_\_\_\_\_

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

TR #: \_\_\_\_\_

Questions? Contact the Ecology Center  
Office at 435-797-7255

Please review the USU Travel Policy via link below for detailed information  
[travel.usu.edu/htm/travel-policies-procedures/travel-policies](http://travel.usu.edu/htm/travel-policies-procedures/travel-policies)

Name: \_\_\_\_\_ ID #: **A** \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Reimbursement mailing address: (If other than department mailbox or Direct Deposit

Travel Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Destination: From: \_\_\_\_\_ To: \_\_\_\_\_

Others in Party: \_\_\_\_\_

Funding Source (index #): \_\_\_\_\_

For multiple funding sources, include amounts for each index as well as documentation authorizing the use of the index

### ACTUAL COSTS

All items for reimbursement must have receipts provided; exceptions are meal per diems  
 Mileage reimbursement requests must be accompanied by a mileage (odometer) log  
 or a MapQuest/Google Map of trip showing miles driven

Airfare: \$ _____	Baggage: \$ _____	Personal Car Miles: # _____	
SL Express: \$ _____	Parking: \$ _____	Ground Transportation: \$ _____	
Lodging: \$ _____	Car Rental: \$ _____	Conference Registration: \$ _____	
Other: \$ _____	Other Description: _____		

#### MEALS

Adjustment for meals provided:  
Please check which meals, if any, were provided

# of Partial Days* \$34.50/day: _____	Actuals**: \$ _____	<input type="checkbox"/> Breakfast	Dates: _____
# of Full Days \$46.00/day: _____	Other: \$ _____	<input type="checkbox"/> Lunch	Dates: _____
<small>*first and last day of travel are partial days only if travel is more than 12 hours*</small>	<small>**Itemized receipts are required for reimbursement of actuals**</small>	<input type="checkbox"/> Dinner	Dates: _____

NOTE: International meal per diems vary by destination -- per diem rates available at  
[http://aoprals.state.gov/web920/per\\_diem.asp](http://aoprals.state.gov/web920/per_diem.asp)

### ADDITIONAL INFORMATION

Please include any information that would be useful for us to know in processing your travel reimbursement  
 (i.e., personal travel included within business travel, trip delays, etc.)