Department of Chemistry - NSM Travel Reimbursement Form

Name: _____

Email: _____

Travel Type: **Domestic:**   **Foreign:**   ~ Foriegn must include post trip agenda form that lists daily itinerary

Destination: _____

Travel Dates: _____

Classification (check all that apply):

Faculty: Teaching/Research Assistant/Postdoc:

Staff: Student:

Purpose of travel to UH (include conference/seminar title if applicable):

Direct Benefit of travel to UH (include benefit to grant funded research if applicable):

Expense Description	Comments/Instructions	Amount to be Reimbursed	Traveler Comments	Cost Center (provided by supervisor)
Airfare	**Required Doc's:** Flight itinerary reflecting payment			
Lodging - Actual	**Required Doc's:** Folio reflecting nightly charge, taxes, and payment. List taxes on next line.			
Lodging Taxes	Place all lodging tax on this line			
Registration	**Required Doc's:** Receipt reflecting payment			
Meals - Per Diem _____ Days X $_____	List number of days X's amount spent/day. Must fall within allowed per diem rate.			
Meals - Actual	**Required:** Itemized receipts reflecting payment *Meals actual & meals per diem cannot both be claimed*			
Taxi/Shuttle/Bus/Rail				
Parking				
Rental Car	**Required Doc's:** Receipt reflecting type of car rented & payment			
Rental Car Gasoline	**Required Doc's:** Itemized receipts.			
Mileage - Specify point to point address below. For personal vehicle only. **Did Anyone Carpool With You?:** No Yes (list names in comments)⟶ Departure Address: Destination Address:		Calculated in Concur	*Carpooler Names*	
Tolls				
Other	**Specify:**			
Other	**Specify:**			

Additional Comments:

Total

Signature: _____   **Date:** _____

Revised: 5/7/2018