Department of Chemistry - NSM Travel Reimbursement Form

odays I	Date:	Name:				Expense Report Submitted in Concur (Employee notified): Date:	
Travel	Type: Domestic:	Domestic: Foreign: ~ Must include post trip agenda form that lists daily itinerary					
Destin	ation:		Travel Dates:				
					Classifica	tion (check all that apply)	
lome A	ddress:			Faculty	: Tea	ching/Research Assistant/Postdo	
Pı	urpose of travel to	UH (include confer	ence/seminar title if applicable):	Staff	:	Studer	
D	irect Benefit of tra	ivel to UH (include l	penefit to grant funded research i	f applicable):			
#	Description		Comments	Cost Center to Charge	Amount to be Reimbursed	Traveler Comments	
1	Airfare		itinerary reflecting payment				
2	Lodging - Actual		reflecting nightly charge, ist taxes on line #3 below)				
3	Hotel taxes						
4	Registration	Required Doc's: Recei	pt reflecting payment				
5	Meals - Actual	-	zed receipts reflecting payment Per diem #6 cannot both be claimed.				
6	Meals - Per Diem Days X	Rec	juired Info.: List amount spent on meals st fall within allowed per diem rate.				
7	Mileage UH/airpor	t For personal vel	nicle only				
× 1	Other mileage Spe Ba. Departure Address	cify Point-to-Point addr : 8b.	ess below: Destination Address:				
9	Parking						
10	Rental car	Required Doc's: Rec	eipt reflecting payment				
11	Rental Car Gasolin	e Not for personal v	ehicle				
12	Tolls						
13	Tips for baggage ha	andling					
14	Taxi/Shuttle/Bus/F	Rail					
15	Other (specify):						
	itional ments:			Total \$		_	
				Date			

Revised: 9/7/16

reimbursement request (expense report) in Concur.