

Department of Chemistry - NSM Travel Reimbursement Form

Travel Destination: _____

Date: _____ Departure/Return Dates: _____

Name: _____ Employee ID: _____

Home Address: _____

Classification (check one)
 UH Faculty _____ UH Staff _____
 UH Student _____ UH Guest _____

Purpose/Benefit of Travel to UH: _____

Direct Benefit of this travel to the Grant (if using grant funds): _____

Presentation/Seminar Title (if applicable): _____

#	Description	Comments	Speed Type	Amount To be Reimbursed	Check if Direct Billed	Direct Billed Amount (for UH Staff Staff to Complete)
1	Airfare	Please attach flight confirmation and/or boarding pass				
2	Lodging - Actual	Taxes are separate line (see #12)				
3	Rental car	Please attach receipt				
4	Registration	Please include receipt/confirmation				
5	Meals - Actual	You cannot claim both actual #5 and per diem #6 meals				
6	Meals - Per diem ____ Days x \$_____	You cannot claim both actual #5 and per diem #6 meals. Cannot claim more than 75% on 1st & last day.				
7	Mileage UH/airport	IAH=21.4 miles; HOB=7.3 miles. (For personal vehicle only)				
8	Other mileage	Attach proof of mileage. Specify Point-to-Point address below: 8a. Departure Address: _____ 8b. Destination Address: _____				
9	Parking					
10	Rental car gasoline	Not for personal vehicle				
11	Tolls					
12	Hotel taxes					
13	Tips for baggage handling					
14	Business phone calls	Please label as "Business" on your statement				
15	Taxi/Shuttle/Bus/Rail					
16	Other (specify): _____					

Total \$ - \$ -

Comments: _____

Signature: _____

Date: _____

Direct + Reimbursed
\$ -