Invoice #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Treasurer’s Office Use Only

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** |  | **BANNER ID** |  |
| Dates of Trip (mm/dd/yy) |  | to |  | Location |  |
| Trip Purpose |  |
| Fund Source #1 |  |
| Fund Source #2 |  |

|  |  |
| --- | --- |
| Total Mileage |  |
| Total Lodging |  |
| Total Meals & Incidentals |  |
| Total Other |  |
| **Total Trip Expense** |  |

|  |  |
| --- | --- |
| Deduct Travel Allowance if Applicable |  |
| Amount Due Employee |  |
| Amount Due University (check or cash will be requested) |  |

**CHARGE EXPENSE TO:      To be completed by the Dean’s Office**

|  |  |
| --- | --- |
| **Fund/Account #** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

 **REIMBURSEMENT IS AUTHORIZED FOR ALL REASONABLE EXPENSES APPROPRIATE TO THE TRIP PURPOSE.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee’s Signature or Typed Name Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approval Date**

If more lines are needed for any of the expense types below, please attach a separate spreadsheet. A Sheets template can be found [HERE.](https://docs.google.com/spreadsheets/d/1tUamjlsa0Y0ux_fOSSwU3xt231MvGCtKyrHvRNxaeiA/edit?usp=sharing)  **USE OF PERSONAL AUTOMOBILE:**(please attach route map with mileage)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date (mm/dd/yy) | Start | Destination | Miles | Rate | Amount |
|  |  |  |  | .70 |  |
|  |  |  |  | .70 |  |
|  |  |  |  | .70 |  |
|  |  |  |  | .70 |  |
| **TOTAL** |  |

**LODGING:** Receipts required. Deduct room service, restaurant, or parking charges from your bill and include in the M&IE or Other categories.

|  |  |  |
| --- | --- | --- |
| Dates (mm/dd/yy) | Hotel/Lodging Description | Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |

 **MEALS & INCIDENTALS:**Enter a daily total for all meals (including snacks/coffee) and incidentals. Visit <https://www.gsa.gov/travel/plan-book/per-diem-rates> to find the per diem rate for your travel location. University Research Grants uses a standard $68/day per diem rate. The first and last day’s travel will be reimbursed at 75% of the daily rate.

|  |  |  |
| --- | --- | --- |
| Date (mm/dd/yy) | Per Diem Rate | Amount Claimed |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |

 **OTHER:** Receipts required. This section should include airfare, registration fees, parking fees, ground transportation, etc.

|  |  |  |
| --- | --- | --- |
| Date (mm/dd/yy) | Description | Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |