

Travel / Expense Reimbursement Form for Guests

Name: _____ Email _____

Home Address: _____

Purpose of Visit: _____

Dates of Visit: Left on: _____ Returned on: _____

Expense Reimbursement Documentation

Airfare	\$ _____
Private Vehicle (.58 cents/mile)	\$ _____
Ground transportation (Taxi / Uber)	\$ _____
Parking	\$ _____
Meals	\$ _____
Other (Explain) _____	_____
	\$ _____
Total Expenses Claimed	\$ _____

Please attach itemized receipts for each expense and submit with this form to MITravelAdmin@med.unc.edu

Detailed explanation if no receipt is included: _____

Signature of Guest (if no receipt)