# Department of Pharmacology

# Travel Reimbursement Form

# TRAVEL ADVANCE / REIMBURSEMENT FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Personal Information | | | | | | | | | | | | | |
| **Full Name:** | | | | | | | | | **PID:** | | | | |
|  | | | | | |  | | | | | |  | |
| Home Address: | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | |  |
| City | | | | | | | | State | | | | | ZIP Code |
| **Travel To:** |  | | | | | | | | | | | | |
| **Purpose of Trip:** |  | | | | | | | | | | | | |
| Dates: | Beginning: | | | | | | | Ending: | | | | | |
| **Project that will pay for travel charges:** | | | |  | | | | | | | | | |
| Advance/Prior Approval | | | | | | | | | | | | | |
| *Advance (Not all expenses can be advanced. Please refer questions to Accounting Office: NO AIRFARE WILL BE ADVANCED. Airfare can be charged directly to the UNC account #. Ask the Accounting Office before making reservations):* | | | | | | | | | | | | | |
| **Airbnb/rental car/personal time** | | NOTE: Prior approval is needed if: lodging is other than a hotel, combining a conference with personal time (all must be approved by supervisor and/or management) | | | | | | | | | | | |
| **Registration Fees:** | | **(Can now be charged to P-card)** | | | | | | | | | | | |
| **Total Estimate Advance:** | | $ | | | | | | | | | | | |
| Reimbursement | | | | | | | | | | | | | |
| Reimbursement (Must have receipts for all expenses except meals and taxi fares under $20: *Return all receipts (if small receipts, tape to an 8 ½ x 11 sheet of paper) with this completed form to your department accounting person. If asking for mileage, please go to Mapquest.com; map the route for mileage, and print.* | | | | | | | | | | | | | |
| **Departure Time:** | | |  | | Arrival Time: | | | | |  | | | |
| **Airfare:**  (Can be charged directly to UNC account #. Ask Accounting Office before making reservation). | | | $ | | | | | | | | | | |
| **Lodging:**  *Non-hotel lodging costs must be approved prior to trip. Reimbursement for non-hotel lodging costs require approval form and copy of lease agreement.* | | | $ | | | | | | | | | | |
| **Mileage/Gas:**  (Can either claim mileage at $.58/mile if entire trip is less than 100 miles, and .33/mile if the entire trip exceeds 100 miles) | | | $ | | | | Other:  (Please list) | | | | $ | | |
| **Ground Transportation:** | | | $ | | | | Parking: | | | | $ | | |
| **Registration:** | | | $ | | | | Per Diem for Meals (# of days) – rates effective 7/1/19 | | | |  | | |
| Meal Allowance:  Instate: $8.60 Breakfast | $11.30 Lunch | $19.50 Dinner | Out-of-State: $8.60 Breakfast | $11.30 Lunch | $22.20 Dinner  *(You do not have to claim the complete meal per diem or the total of any other expenses, if you choose).* | | | | | | | | | | | | | |

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|  |  |  |
| *Travelers Signature* |  | *Date* |
|  |  |  |
| *Supervisor/Lab Manager Signature* |  | *Date* |