# 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* |