

# Travel Reimbursement Data Sheet for DNS Faculty, Staff and Students

Please include all information – this will help us to expedite your reimbursement.

Date \_\_\_\_\_

Account to be Charged: \_\_\_\_\_

Name \_\_\_\_\_

Net ID: \_\_\_\_\_

**Travel Details:**

Business Purpose for Trip: \_\_\_\_\_

If there are multiple destinations associated with this trip PLEASE be sure to provide the business purpose for EACH destination.

Left from \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ headed to \_\_\_\_\_

Location

Date

Time

Destination

Home on \_\_\_\_\_ at \_\_\_\_\_

Date

Time Arrived Home

Were any days during your travel personal days? \_\_\_\_\_  
If yes, please indicated which days were personal days.

Do you have personal vehicle mileage that should be reimbursed? \_\_\_\_\_  
If yes, please indicate the total number of miles.

Did you receive an advance for this trip? \_\_\_\_\_  
If yes, please provide the details.

**Expenses:**

**Meals:** Please  all meals you are claiming.

Date	Transportation	Lodging	Miscellaneous	Breakfast	Lunch	Dinner
<b>Totals</b>						

Please be sure to provide a copy of all **original receipts** with this form **including your airline travel itinerary** and any **airline passenger receipts** that you receive during your travels. If you have a copy of a **program agenda** associated with your travel please include that as well.