TRAVEL EXPENSE FORM

Last Name]	First Name				Social Security #		
Home Addre	ss (If not univ	ersity employee)				email		
Are you on Un	yland Payrollyes _			no	hourly			
Date							Total	
Breakfast								
Lunch								
Dinner								
Lodging								
Taxi								
Air/Rail/Bus								
Car Rental								
Parking Fee								
Bridge/Tolls								
Telephone								
Conference Fee								
Gas								
Shared hotel	room with							
Address of h	otel or Airbnl)						
	not being reimbu							
					a			
	nandatory and ex	xpenses can	inot be si	ibmitted wil	thout times in	ndicated		
Date Time		start time (left for trip)			end time (returned home)			
		Complete only if claiming mileage						
From		Complete	onty it clai	ming mileage	e			
To								
Mileage (if clair provide proof of mile mapquest directions)	eage-for example							

NOTES

Hotel receipts must have cost per night plus taxes

If 2 or more per room must have statement indicating cost of room is the same for single or double occupancy (this does not apply when 2 employees share hotel room)

Car rentals must include rental agreement indicating no additional insurance was purchased

Every receipt must indicate form of payment (check, cash, credit card)

Gas is not reimbursable when using private vehicle or motor pool

If receipts are missing any of the above information please contact hotel, car rental agency, etc. to obtain a receipt with all the information required