

Department of Mathematics

Travel Reimbursement Request
PLEASE READ INSTRUCTIONS ON PAGE 2

Traveler Name _____

Destination(s): _____

Departure Date: _____

MEALS & LODGING

LODGING: Dates: _____ Total: _____ Dates: _____ Total: _____

MEALS: Actual Meal Expenses (Submit all meal receipts.)

Per Diem Meals Total Requested: \$ _____ (Complete and sign reverse side.)

TRANSPORTATION

Airfare: Billed to UH: \$ _____ Traveler-paid airfare: # _____ Amt _____

Mileage: From _____ To _____ Round trip One Way

Rental Car: Receipt # _____ Amount: _____ Billed to UH Paid by Traveler

Other Transportation (Taxi, Shuttle, Metro, Subway, Train):

| # | Date | Type (Taxi, Bus) | Origin | Destination | Amount/Currency |
|-------|-------|------------------|--------|-------------|-----------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

INCIDENTALS

Airport fees: # _____ Date: _____ Amt/cur _____ # _____ Date: _____ Amt/cur _____

Rental car gas: # _____ Date: _____ Amt/cur: _____ # _____ Date: _____ Amt/cur: _____

_____ Registration fee for _____ . Amt/curr _____ Billed to UH

_____ Parking from date _____ to _____ . Amount/currency: _____

_____ Parking from date _____ to _____ . Amount/currency: _____

Other: _____

Total Reimbursement Requested: _____ SIGNATURE: _____ Date: _____

Please email completed form and backup documentation to travel@math.uh.edu

INCOMPLETE REQUESTS WILL BE RETURNED TO YOU AND WILL NOT BE PROCESSED

Travel Reimbursement Request

Instructions

QUICK INSTRUCTIONS

1. Mark "MEAL" at the top of meal receipts, "HOTEL" at the top of hotel receipts, and number every other receipt. DO NOT use any adhesive to stick the receipts to regular paper; leave them loose.
2. Fill out this form: give totals from the hotel bills, choose actual or per diem meals, outline transportation and incidentals, and sign the form. Use additional forms if necessary.
3. Provide a translation of any hotel bill in a foreign language.
4. Clip or staple all of your backup (airfare itinerary, translations, receipts, etc) to this form & place in the Accounts Payable Box.

DETAILED INSTRUCTIONS

Number each of your non-hotel, non-meal receipts. The number should correspond to the '#' next to each item listed on this form. If you do not wish to convert foreign currency, write the currency (EUR, CNY) next to the amount. **Do not staple, tape, glue or otherwise adhere** the receipts to any other paper.

- Air Travel Itinerary for all air travel
- This Signed Travel Reimbursement Request (TRR)
- Air Travel Receipts for all travel that is not ticketless
- Translations for all foreign hotel bills
- All Receipts with numbers that correspond to this TRR
- Trip Report

HOTELS: Mark "HOTEL" on hotel receipts. For expenses on your hotel bill for which you don't ask reimbursement, place an 'X' next to the item on the hotel bill. If you ask only a portion of food reimbursement, write '1/2' or '1/3,' etc. You must provide a translation of any foreign language used in the itemization of the hotel bill.

MEALS: For **actual meal expenses**, mark "MEAL" at the top of each receipt. If you claim less than 100% of the bill, mark 1/3, 1/2, etc, or place an X next to each item you do not request reimbursement. Delete any alcohol.

NOTE: Business meals can be included on your travel reimbursement request however, you will need to note the attendees affiliation and the discussion topic. For **per diem meals**, please note that there is a cap on per diem meals depending on the destination. The following is for your use to calculate the total per diem you would like reimbursed. No meal receipts are necessary.

| Date | Amount | Date | Amount | Date | Amount |
|-------|--------|-------|--------|-------|--------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

I certify that I spent at least these dollar amounts listed above on meals during this trip.

Signature: _____ **Name:** _____ **Date:** _____

TRANSPORTATION: In the "Other Transportation" section, # = Receipt number, and we MUST have your origin and destination for each receipt. If you have non-receipted transportation, write "none" under the # column.

INCIDENTALS: Incidental expenses are all expenses which are not easily classified into the above classes of expenses. When using this space, make sure you cite the receipt number next to the expense detail. "Registration fee for _____" requests the name of the conference.