

**Department of Plant Pathology  
Travel Expense Worksheet \***

**Employee name**

**Supervisor/Advisor\*\***

**Travel Information**

*Indicate which meals you are claiming  
for reimbursement*

<b>Dates</b>	<b>From Location</b>	<b>To Location</b>	<b>Departure Time</b>	<b>Return/ Arrival Time</b>	<b>Break- fast ✓</b>	<b>Lunch ✓</b>	<b>Dinner ✓</b>
(office use) Per diem							

form: 08/09/18

\* This form should be accompanied by a completed Request For Authorization to Travel form, if not turned in prior to travel.

\*\* Only non-faculty need to provide this information

## Receipts

Attach the following receipts, as applicable : Airfare, Hotel, Registration, Taxi, Shuttle, Rental car, Baggage costs, and any other items costing more than \$10. Provide details below.

Date	Item of Expense	Explanation	Procard ✓	Amount

If you are claiming mileage reimbursement for use of your personal vehicle, fill in the addresses, below (street, city, and state):

**Origin:**

**Destination:**