UK Department of Plant Pathology

Estimate of Travel Expenses

NAME OF PERSON TRAVELING	UK PERSON ID	POSITION

Today's Date _____

From (Origin) _____To (Destination)_____

Date(s) of trip _____

ESTIMATED EXPENSES	Amount	Procard ☑	Personal funds ☑
Airfare			
Hotel			
Registration			
Ground transportation (taxi, shuttle, rental car)			
Airport parking			
Baggage fees			
Mileage (if driving personal vehicle; $0.535 per mile)			
Tolls			
Meals (see "Re: meals" below; check applicable fields)			
Total			

Re: Meals (check those that apply)
Reimbursement for meals not included in the registration fee ☐ is approved ☐ is not approved
Calculate meal reimbursement based on ☐ per diem rate ☐ actual expenses (receipts required) ☐ N/A

Comments/Additional Information

I acknowledge and approve of the above expenses. I also agree that any personal funds used on this trip, as outlined above, may be reimbursed to the traveler in accordance with UK guidelines

_____ _____
Signature of Supervisor *Date*

A copy of the Department **Request for Authorization to Travel/Intent to Travel** must accompany this form.
Also, include as much documentation as possible re: estimates (e.g., printout from Concur with info of potential flights, etc.)

If you are applying for a **student travel award**, indicate that in the comments section above, and state the amount you are requesting. Submit your confirmation of abstract submission with this form as part of the application process.