



# Travel Reimbursement Form

Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Department: \_\_\_\_\_

**Mileage Expenses: (Privately Owned Vehicles)**

DATE	TO	FROM	Return (Yes or No)	Actual Miles
<b>TOTAL</b>				

X

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Others employees attending conference: \_\_\_\_\_

**Meal Allowances: Pursuant to Utah Administrative Code Section R25-7-6 Exclude meals included in conference registration fees.**

Date						Total
Breakfast						
Lunch						
Dinner						
<b>Total</b>						

\*Full day meal allowances are given if departure from home station is before 6:00 a.m.  
 In-State Rates: Breakfast - \$11, Lunch - \$14, Dinner - \$20 Out-of-State: Breakfast - \$13, Lunch - \$14, Dinner - \$23  
 Contact Finance Department for out of state travel to premium location.

**Other Expenses: Registration Fees, Taxi, Hotel, etc. Attach original receipts.**

<u>Date</u>	<u>Description</u>	<u>Amount</u>

Total Mileage Expenses \_\_\_\_\_ Total Other Expenses \_\_\_\_\_ Total Meal Allowances \_\_\_\_\_

Total Advances: \_\_\_\_\_ (Enter as Negative)

**TOTAL REIMBURSEMENT:** \_\_\_\_\_