



Travel Reimbursement Form

Name: _____

Date Submitted: _____

Address: _____

Phone Number: _____

Department: _____

Mileage Expenses: (Privately Owned Vehicles)

DATE	TO	FROM	Return (Yes or No)	Actual Miles
TOTAL				

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						
Total						

*Full day meal allowances are given if departure from home station is before 6:00 a.m.
 In-State Rates: Breakfast - \$13, Lunch - \$15, Dinner - \$26 Out-of-State: Breakfast - \$13, Lunch - \$15, Dinner - \$26
 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: _____