Cognitive Science REIMBURSEMENT FORM

NAME: _____ PERSONNEL NUMBER: _____

TO BE FILLED IN BY SUE/SARAH

TYPE OF REIMBURSEMENT:

Check the box that applies

(Travel [if travel, domestic or international] OR Non-Travel)

☐ TRAVEL ☐ Domestic ☐ International

☐ NON-TRAVEL

PURPOSE OF EXPENSES INCURRED: _____

START DATE OF TRIP: _____ END DATE OF TRIP: _____

USE Start Date ONLY FOR Non-Travel EXPENSE RECEIPT

CURRENCY:

Check the box that applies

☐ U.S. Dollars ☐ OTHER _____

Please list name of currency above

Currency conversion website: **OANDA.com**

BUDGET TO BE CHARGED (in words): _____

Important Policy Note: THE UNVERSITY REQUIRES ~~ORIGINA~~L ITEMIZED RECEIPTS.

IF YOU ARE UNABLE TO OBTAIN THE ORIGINAL ITEMIZED RECEIPT PLEASE COMPLETE / SUBMIT A MISSING AFFIDAVIT FORM.

☐ *For all travel reimbursements: I have included a copy of written approval of this trip from my advisor and the Travel Director, Kyle Rawlins.*

(Total of each category here)
MUST BE IN U.S. DOLLARS

Lines below are for receipt details.

		AMOUNT
carrier:_____ **AIRFARE**:		
carrier: _____ **TRAIN**:		
hotel chain:_____ **LODGING**:		
Bus /Limo/Taxi = **GROUND TRANSPORTATION:**		
Mileage = $0.**535** per mile (effective 1/1/**17**)		
Mileage = $0.**540** per mile (effective 1/1/**16**)		
MEALS:		
OTHER:		
(For International Travel) PER DIEM:		
Government website **for International** Per Diem rates		
http://aoprals.state.gov/content.asp?content_id=184&menu_id=81		

COMPLETE THIS SECTION FOR TRAVEL REIMBURSEMENTS ONLY.

TOTAL: 0

Regarding my trip to _____ **Traveler's Signature** _____

from _____ **to** _____,
I attest that the trip is being/was taken for business purposes and that vacation is not a major consideration for the travel.

Traveler's Name (printed) _____ **Date** _____

received by _____ ***on*** _____

submitted by _____ ***on*** _____