Cognitive Science REIMBURSEMENT FORM

NAME:	PERSONNEL NUMBER:	
TYPE OF DEIMBURGEMENT.	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: USE Start Date ONLY FOR Non-Travel EXPENSE RECEIPT	END DATE OF TRIP:	
CURRENCY: Check the box that applies	U.S. Dollars OTHER Please list name of currency above Currency conversion website	e: OANDA.com
BUDGET TO BE CHARGED (in words):		
IF YOU ARE UNABLE 1	Travel Director, Kyle Rawlins	FFIDAVIT FORM each category here) BE IN U.S. DOLLARS AMOUNT
carrier: AIRFAR		AWOONT
carrier: TRAI		
hotel chain:LODGIN	g:	
Bus /Limo/Taxi = GROUND TRANSPORTATIO	N:	
Mileage = \$0. 535 per mile (effective 1/1/ 17) Mileage = \$0. 540 per mile (effective 1/1/ 16)		
MEAL	s:	
OTHE If you used a dept P-Card to pay a registration/submission fee - record cost & description under 'Othe		
- note 'paid via P-Card' - attach payment confirmation		
(For International Travel) PER DIE	и:	
Government website for International Per Diem ra http://aoprals.state.gov/content.asp?conte nt_id=184&menu_id=81	es	
COMPLETE THIS SECTION FOR TRAVEL REIMBU	ISEMENTS ONLY. TOTAL	
Regarding my trip to, from,	Traveler's Signature	
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 o	