MUSKINGUM UNIVERSITY
Request for Reimbursement of Professional Travel Expenses

Requestor’s Name: ___________________________ Department: ___________________________

Title of Organization or Conference (to be) Attended: ___________________________

Dates: From _____________ to _____________ Location: ___________________________

Type of Meeting: National (or, if applicable, International) ___________________________
State (or, if applicable, immediate region) ___________________________

Means of Travel: Drove own car ____ College Vehicle ____ Shared ride ____
Mileage __________________
If by commercial travel, airfare or ticket cost $ __________ Supersaver rate? Y or N
Number of Nights in Hotel/Motel ___________________________

Level of Participation: Attend sessions ___________ chair/moderate ___________
Interview candidates for an announced faculty position ___________
Focus of session or seminar ___________________________
Read a paper _______ Title of paper ___________________________
If you were (or will be) absent from any of your classes, what arrangements did (or will) you make? ___________________________

Acknowledgment of Travel Plans:

__________________________________________ Date
Signature of Department Chair

__________________________________________ Date
Signature of Division Coordinator

Approval for Reimbursement:

__________________________________________ Date
Signature of Vice President for Academic Affairs

Please attach receipts for travel, meals, lodging, registration fees, and any other expenses incurred. Use either the form on the reverse side or an equivalent method to report and tally your actual expenses. A check to cover transportation expenses (commercial fare or mileage), minus any advance you received, and appropriate number and rate of per diem(s) will be issued to you within two weeks of the date on which the completed form and accompanying receipts are submitted.
Hold Ctrl key and Click on this link to print off the expense form with the accurate reimbursement rate: