

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:

Signature of Department Chair

Date

Signature of Division Coordinator

Date

Approval for Reimbursement:

Signature of Vice President for Academic Affairs

Date

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:

<http://www.muskingum.edu/business/documents/expenseformblank.pdf>