

**Finance
use only:**

Sig Reviewed By: _____

Grant or Foundation: _____

Card Reviewed By: _____

Reviewed by Other: _____

Travel Reimbursement Form

This form is used for travel expenses including daily mileage.

NEW MILEAGE RATE 1/1/2025

TRAVELER INFORMATION

Name: _____

Prepared By: _____

Bear #: _____

Phone Number: _____

Student Employee

Department: _____

Date From: _____ Date To: _____

TA ID#: _____

Travel Destination: _____

Date	Description of reimbursement	Fund	Org	Account	Prog	Activity Code	Non-mileage Reimbursement Amount	Number of miles	Total mileage x .63	Less advances or traveler obligation
Total										
									Grand Total	

NOTE: All receipts MUST be itemized and attached to document
 Signatures are not required on this form if **approved** TA ID number is included, or TA has been attached, and reimbursement amounts fall within approved funding amounts on the TA. A TA must be completed for all overnight/out-of-state travel. Reimbursement requests submitted more than 60 days after the return date will be reported as taxable income.

Fund Org

Fund Org

Signature

Signature

For reimbursements other than mileage, AN EXPLANATION MUST BE PROVIDED BELOW AS TO WHY THE UNIVERSITY VISA CARD WAS NOT USED.