

## Transportation Reimbursement Request – Same Day Travel

TRAVELER INFORMATION	
First Name: _____	MI: _____
Last: _____	
Home Address - Number and Street: _____	
City: _____	State: _____
Country, if not U.S.: _____	Zip Code: _____
Department: _____	
Tax Home Category: _____	

AWARD INFORMATION	
Award: _____	
Project: _____	
Task: _____	
Req/PO #: _____	
Org. Type: <u>210</u>	
If required, Sponsor has provided prior approval:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (explain)
_____	

TRIP	
<b>DEPARTURE</b>	
Point of Departure: _____	
Date: _____	
Time: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
Destination: _____	
Purpose of Travel: _____	
<b>RETURN</b>	
Point of Return: _____	
Date: _____	
Time: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM

TRANSPORTATION EXPENSES		
Personal Car	Enter number of miles driven: _____	
	Federal standard mileage rate: _____	
	2019 GSA rate: \$0.58	
	2018 GSA rate: \$0.545	
	Miles X Rate: \$	
	Parking: _____	
	Tolls: _____	
	Common Carrier: _____	
	Taxi: _____	
	Car Rental (attach required justification) : _____	
	Miscellaneous (explain): _____	
	_____	
Total Reimbursement Request: \$		-

CERTIFICATION AND APPROVAL	
I hereby certify that the above trip was taken for the purpose indicated; that the above accounting is accurate; that no portion has been paid, except as stated on this form and that the balance indicated is due or reimbursable; <b>that, if this is a federal or state sponsored fund, no charges for alcohol are included</b> in accordance with Research Foundation Travel Policy.	
_____	_____
Traveler Signature	Date

REVIEWED AND APPROVED			
_____	_____	_____	_____
Project Director Signature	Date	Post Award Director Signature	Date