IDAHO STATE UNIVERSITY
TRAVEL REIMBURSEMENT REQUEST

Advance $ _____
T A # _____
Blanket T A # _____
Reimb. # _____

Date _____

THIS FORM MUST BE FILLED OUT COMPLETELY. ATTACH ORIGINAL RECEIPTS. IF THIS FORM IS INCOMPLETE, IT WILL BE RETURNED WITH INSTRUCTIONS.

Name _____ SS # _____ Contact Person _____

Department _____ Banner/Bengal # _____ Contact Phone # _____

Box # _____ Phone # _____ Index # _____

Departure Date _____ Return Date _____

Departure Time _____ Return Time _____

Departure Place _____

Destination _____

Mode of Transportation-Check box(es) below:

☐ Air ☐ St. Car ☐ Passenger ☐ Private Car ☐ Rental

Rental Car Justification _____

Private Car License # _____

Round Trip Mileage _____ Vicinity Mileage _____

Business Purpose of Travel : _____

	AMOUNT CLAIMED	OFFICIAL USE ONLY
Meals …….	$ _____	$ _____
Lodging …..	$ _____	$ _____
Mileage …...	$ _____	$ _____
Parking …...	$ _____	$ _____
Ground Travel	$ _____	$ _____
Airfare …….	$ _____	$ _____
Registration	$ _____	$ _____
Phone ……..	$ _____	$ _____
Gasoline ….	$ _____	$ _____
Misc. …….	$ _____	$ _____
TOTAL CLAIMED	$ 0.00	$

NOTE: Reimbursement claims are subject to change where amounts exceed allowable expenses as stated in the Idaho State University and State of Idaho Travel Regulations.

I certify that the above amounts are correct, that amounts claimed were incurred for University business purposes, and that no part of the claim has been reimbursed to me or paid by the University or a third party.

_____
Signature of Department Head (or designee) Date

_____ _____
Signature of UBO Date

_____ _____
Signature of Claimant Date

ACCOUNTING USE ONLY

IN-STATE TRAVEL			OUT-OF-STATE TRAVEL		
_____	7034	_____	_____	7036	_____
Index Code	7012	_____	Index Code	7014	_____
	7029	_____		7030	_____
	7021	_____		7022	_____
	7214	_____		7214	_____
	7032	_____		7032	_____
	7321	_____		7321	_____
	____	_____		____	_____
	TOTAL	_____		TOTAL	_____