



## College of Health Sciences Request for Travel Reimbursement

Name  UK Person ID #

Purpose of Trip

Date of Departure  Date of Return   
 Time of Departure  Time of Return

Destination

**Expenses**  
Hotel

Amount  Status   
 Did you share a room with another UK employee?   
 Did you share a room with a family member?

**Airfare**

Amount  Status

**Auto**

Private Auto  Miles Driven   
 Rental Car   
 Motor Pool

**Registration**

Amount  Status

**Parking, Tolls, Public Transportation and Other Costs (You must provide itemized receipts for expenses over \$10.00)**

Amount	<input style="width: 95%;" type="text"/>	Date/Purpose	<input style="width: 95%;" type="text"/>
Amount	<input style="width: 95%;" type="text"/>	Date/Purpose	<input style="width: 95%;" type="text"/>
Amount	<input style="width: 95%;" type="text"/>	Date/Purpose	<input style="width: 95%;" type="text"/>
Amount	<input style="width: 95%;" type="text"/>	Date/Purpose	<input style="width: 95%;" type="text"/>
Amount	<input style="width: 95%;" type="text"/>	Date/Purpose	<input style="width: 95%;" type="text"/>
Amount	<input style="width: 95%;" type="text"/>	Date/Purpose	<input style="width: 95%;" type="text"/>

**Per Diem**

For what days are you seeking per diem?   
 Were any meals included in registration? Please attach agenda.   
 If yes, what meals were included?

Questions? Please contact Katie Lopez or Ruth Lawlor in the CHS Business Office.