**TRAVEL REIMBURSEMENT REQUEST FORM**

**PLEASE SUBMIT WITH YOUR RECEIPTS AS SOON AS POSSIBLE AFTER YOUR RETURN DATE.**

1. **Complete all of the information requested below.**
2. **Sign, and acquire your Advisor’s signature as indicated.**
3. **Each item below requires an original receipt EXCEPT for the per diem for meals. Tape all receipts less than half-size to a piece of paper and attach to this cover sheet.**
4. **Make a copy for your records.**
5. **Please deliver this form and the receipts to Graduate Fellowships at Research Building III, Box 7102.**

|  |  |
| --- | --- |
| **Traveler’s Name (First Middle Last)** |  |
| **Fellowship** |  |
| **Traveler’s Work Phone Number**  |  |
| **Traveler's Home Phone Number**  |  |
| **Traveler’s Fax Number (at work)** |  |
| **BEGINNING DATE of Travel** |  |
| **Beginning Time** (include am or pm)*This determines the number of meals allowed.* |  |
| **ENDING DATE of Travel** |  |
| Ending Time (include am or pm) This *determines the number of meals allowed.* |  |
| **Destination – City, State code or Country name** |  |
| **Purpose of the trip** |  |
| **Conference/Workshop Registration Fee \*\*Please indicate if you have been previously reimbursed.** |  |
| **If travel by car, enter total miles traveled (enter whole number only)** |  |
| **Air Fare Amount \*\*Please indicate if you have been previously reimbursed.** |  |
| **Number of meals to be EXCLUDED:** *(meals included in registration/personal days should be excluded from the meal allowance). Note: Meal expenses are paid at NC State per diem rates.* | **Breakfast Lunch Dinner** |
| **Total Lodging Amount**  |  |

**Other Transportation Expenses (i.e., taxi, bus, shuttle)**

|  |  |
| --- | --- |
| **Description** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |

**Other Expenses**

|  |  |
| --- | --- |
| **Description** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |

*Continue other expenses on separate sheet if necessary.*

**Signature of Graduate Fellow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**

**Signature of Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**

**Revised 1/2013**