

Sierra Nevada Research Institute Travel Reimbursement Form

E-mail Address: _____

Traveler's name _____ Daytime Phone # _____

Mailing Address _____

Justification _____

Departure			Arrival		
Location	Date	Time	Location	Date	Time

Receipts Required?	Expense Type	Amount
Yes	Airfare (if paid with personal funds)	
Yes	Other Long Distance Transportation: Bus/Trains	
No	Mileage (if personal vehicle) _____ miles	
Yes	Rental car	
Yes	Fuel (Rental Car Only)	
Yes	Taxi/Shuttle/Limo	
Yes	Parking	
Yes	Lodging (Hotel Folio w/zero ending balance required)	
Yes	Meals (Must travel more than 24hrs/day)	
Yes	Other (Please List): _____ _____	
Total		

By submission of this expense form, I certify that: The expenses claimed as reimbursable on the form are a true and accurate accounting of the necessary business-related expenses incurred for this business trip; and there are no items listed as reimbursable which relate to personal or unallowable expenses. I have not, and will not, be receiving reimbursement from any other source for these expenditures nor have any of these expenses already been paid by another entity.

Traveler's signature _____ Date _____

Loc	Acct	CC	Fund	Project	Sub	Object	Source
0						2000	
0						2000	