

Request For Post Travel Reimbursement

Claimant Name (First, Middle, and Last)	Host's Name	Project Number	Purpose of Trip				Prepaid Expenses
Home Address	Phone Number & Email Address	DID YOU HAVE ANY PERSONAL DAYS DURING YOUR TRIP?	Dates of Travel-Time Required				
			Start*		Return*		
			Date	Time	Date	Time	

NOTE: ALL VISITORS WHO ARE CURRENTLY NOT AN NCSU STUDENT/EMPLOYEE MUST HAVE A W-8BEN OR W-9 COMPLETED; UNLESS ALREADY ON FILE IN OUR OFFICE .

DATE	DESTINATION City/State/Country	TRANSPORTATION			MEALS (CHECK TABLE BELOW)			LODGING	OTHER EXPENSES	
		MILES TRAV.		OTHER TRANSP.	BREAK-FAST	LUNCH	DINNER	LIST AMT PER DAY	DESCRIPTION	AMOUNT
									Hotel	
									Airfare	
									Car Rental	
									Gas	
									Toll	
									Baggage	
									Telephone/Internet/Fax	
									Taxi/Shuttle/Metro	
									Other	
TOTALS		*mileage & per diem reimbursement rates change as directed by state of NC guidelines		0.00	0.00	0.00	0.00	0.00	Total Other Expenses	0.00
									TOTAL EXPENSES	0.00

**Allowable meal costs do not need meal receipts; you will receive the per diem amount shown below left.

CLAIMANT SIGNATURE & DATE: _____

Meals	*In State	*Out-of-State	*Out-of-Country	Eligibility for Meals – Overnight Travel Only
Breakfast	9.00	9.00	9.00	Depart duty station prior to 6:00 a.m. to be eligible for breakfast.
Lunch	11.80	11.80	11.80	Depart duty station prior to Noon (day of departure). Return to duty station after 2:00pm (day of return)
Dinner	20.50	23.50	23.50	Depart duty station prior to 5:00pm (day of departure). Return to duty station after 8:00pm (day of return)

Please complete the highlighted areas. Attach conference registration form, itineraries and / or agendas. Original receipts are required for ALL travel reimbursement expenses.

Send completed form to the Computer Science Department, Attn: Finance Office, 890 Oval Drive, Campus Box 8206, Raleigh, NC 27695-8206

Revised: 7/8/22 Questions about this form? Contact the Computer Science Finance Office at (919) 515-2858