

Request For Post Travel Reimbursement

Claimant Name (First, Middle, and Last)		Host's Name		Project Number		Purpose of Trip					Prepaid	Expenses
Home Address				DID YOU HAVE ANY PERSONAL DAYS		Dates of Travel-Time Required						
									urn*			
				DURING YO		Date	Time	Date	Time			
NOTE: ALL VISITORS WHO ARE	CURRENTLY	NOT AN NCSU S	STUDENT/EN	IPLOYEE MU	JST HAVE A	W-8BEN OF	R W-9 COM	PLETED; UN	ILESS ALRE	ADY ON FILE IN	OUR OFF	ICE .
DATE DES	TR#		ANSPORTATION		MEALS (CHECK TABLE		BELOW)	LODGING	OTHER EXPENSES		ES	
	State/Country		MILES	MILES	OTHER	BREAK			LIST AMT			
			TRAV.		TRANSP.	FAST	LUNCH	DINNER	PER DAY	DESCRIPT	ION	AMOUNT
										Hotel		
										Airfare		
										Car Rental		
										Gas		
										Toll		
										Baggage		
										Telephone/Intern	et/Fax	
										Taxi/Shuttle/Metr		
										Other		
*mileage & per diem reimburseme change as directed by state of NC of				0.00	0.00	0.00	0.00	0.00	0.00	Total Other Exper	ises	0.0
CLAIMANT SIGNATUDE & DA						wable meal co			•	TOTAL EXPENSES		0.00

CLAIMANT SIGNATURE & DATE:

Meals	*In State	*Out-of- State	*Out-of- Country	Eligibility for Meals – Overnight Travel Only				
Breakfast	8.60	8.60	8.60	Depart duty station prior to 6:00 a.m. to be eligible for breakfast.				
Lunch	11.30	11.30	11.30	Depart duty station prior to Noon (day of departure). Return to duty station after 2:00pm (day of return)				
Dinner	19.50	22.20	22.20	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: 7/29/19 Questions about this form? Contact the Computer Science Finance Office at (919) 515-2858