

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 &		DID YOU HAVE ANY		Dates of Travel-Time Requi			ired			
			Email Address		PERSONAL DAYS		Start*		Ret	urn*			
					DURING YOUR TRIP?		Date Time		Date Time				
NOTE AL	L MOITODO MUIO ADE	OUDDENT! V	NOT AN NOOL	OTUDENT/EN	ADL OVEE AN	IOT HAVE A	III ODEN OF		DI ETED III	U 500 AL DE	457 64 54 5	N OUD OF	105
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	DATE DESTINATION		TR#		INSPORTATION		MEALS (CHECK TABLE		BELOW)	LODGING	OTHER EXPENS		SES
	City/S	State/Country		MILES	MILES	OTHER	BREAK			LIST AMT			
				TRAV.	*0.54/mi	TRANSP.	FAST	LUNCH	DINNER	PER DAY	DESCRIP	TION	AMOUNT
											Hotel		
											Airfare		
											Car Rental		
											Gas		
											Toll		
											Baggage		
											Telephone/Internet/Fax		
											Taxi/Shuttle/Metro		
											Other		
	*mileage & per diem reimburs totals change as directed by state of			0.00	0.00	0.00	0.00	0.00	0.00	00 Total Other Expenses		0.00	
	TOTALS	change as dir	ected by State Of F	vo guidelines									
						**Allo\	wable meal co	osts do not	need meal re	ceipts;	TOTAL		0.00
you will receive the per diem amount shown below								EXPENSES					

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