

# Harshbarger-Mines Business Center

## Travel Expense Worksheet

 ChEE MGE MSE

### ESTIMATED TRAVEL EXPENSE WORKSHEET

Traveler Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Travel Authorization Number (REQUIRED): \_\_\_\_\_ Account Number: \_\_\_\_\_

Departure Date/Time: \_\_\_\_\_ Return Date/Time: \_\_\_\_\_

Detailed Business Purpose of Trip (*Explain purpose of travel, include dates and location*):

Was personal time taken? Yes No If yes, list date(s) below.

Did you receive a Travel Advance for this trip? Yes No

Are you claiming reimbursement for meals? Yes No

Were any meals provided to you? Yes No If yes, list date(s) and meals provided below.

**MILEAGE:** Start Odometer: \_\_\_\_\_ End Odom: \_\_\_\_\_ Total Miles: \_\_\_\_\_ \*\$ \_\_\_\_\_**LODGING:** Designated: Yes No Total Lodging: \$ \_\_\_\_\_**TRANSPORTATION:** UA Vehicle: Yes No  
Taxi Cab: \$ \_\_\_\_\_  
Rental Vehicle: \$ \_\_\_\_\_  
Other – Specify: \_\_\_\_\_, \$ \_\_\_\_\_  
\_\_\_\_\_, \$ \_\_\_\_\_  
Total Transportation: \$ \_\_\_\_\_**Miscellaneous:** Registration Fees: \$ \_\_\_\_\_  
Parking: \$ \_\_\_\_\_  
Other – Specify \_\_\_\_\_, \$ \_\_\_\_\_  
\_\_\_\_\_, \$ \_\_\_\_\_  
Total Miscellaneous: \$ \_\_\_\_\_**TOTAL ESTIMATED EXPENSE: \$ \_\_\_\_\_****Additional Notes:**

Note: A copy of the conference/meeting agenda required for reimbursement.

**Important:** A Travel Authorization must be completed prior to all official University travel activities even if travel expenses will not be charged to the University. This ensures that travel plans are authorized, that funds are available and the traveler while in travel status is insured through Risk Management.

\*Reimbursement for mileage is computed at 44.5 cents per mile.