

Department of Plant Pathology Travel Expense Worksheet *

Employee name

Supervisor/Advisor**

Instructions Regarding Meals--Concur will automatically calculate meal reimbursements. Check-off only those meals that you did NOT pay for out-of-pocket (no reimbursement requested). If you had no out-of-pocket meal expenses at all, check here

| Dates <small>(List every day)</small> | From Location | To Location | Departure Time | Return/ Arrival Time | Break- fast ✓ | Lunch ✓ | Dinner ✓ |
|--|---------------|-------------|-------------------|-------------------------|---------------------|------------|-------------|
| <i>Check off ONLY those meals that you did NOT have to pay for out-of-pocket.</i> | | | | | | | |
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form: 04/14/22

* This form should be accompanied by a completed Request For Authorization to Travel form, if not turned in prior to travel.

** Only non-faculty need to provide this information

Receipts

Attach the following receipts, as applicable : Airfare, Hotel, Registration, Taxi, Shuttle, Rental car, Baggage costs, and any other items costing more than \$10. Provide details below.

| Date | Item of Expense | Explanation | Procard ✓ | Amount |
|------|-----------------|-------------|--------------|--------|
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If you are claiming mileage reimbursement for use of your personal vehicle, fill in the addresses, below (street, city, and state):

Origin:

Destination: