Traveler's Name: _____

Funding Source: _____

Department Name: _____

Travel Dates: _____

Travel Destination: _____

Name of Confence: _____

Purpose of the Travel: _____

_____

Benefit to the University/Project for travel: _____

_____

Itemized estimate: Airfare$_____ Hotel$_____ Registration$_____

Items to submit for reimbursement:
Conference Program/Itinerary
Airline Itinerary: Seating must show as economy or coach.
Hotel folio (When checking out please request at the front desk)
Incidentals ex: Parking, tolls, taxi & baggage handling
Mileage: All mileage claim must be substantiated. The traveler should substantiate the mileage reimbursement using a map website as MapQuest or the State of Florida DOT indicating the starting and ending locations (starting location will be FIU)
Per Diem: Please state if you request per diem reimbursement.

ALL RECEIPTS SHOULD BE TURNED IN AT THE SAME TIME