

## RISD Travel Expense Reimbursement Request

Employee: \_\_\_\_\_ Purpose of Trip: \_\_\_\_\_

Destination: \_\_\_\_\_

Date & Time of Departure: \_\_\_\_\_ Date & Time of Return: \_\_\_\_\_

Mode of Transportation (Circle One):      Personal Auto      District Vehicle      Courtesy (No expense)

Number of Miles Traveled: \_\_\_\_\_ x .53 cents per mile = \_\_\_\_\_ (Attach electronic mapping printout)

### Hotel Expenses:

Name of Hotel: \_\_\_\_\_

Total Hotel Expenses: \_\_\_\_\_ (Attach final hotel receipt)

Federal Rate Schedule: <http://www.gsa.gov/portal/category/100120>

### Meals\* (for overnight travel; gratuity is not included in your reimbursement):

Date \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Total \_\_\_\_\_ (Max \$36.00)

Date \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Total \_\_\_\_\_ (Max \$36.00)

Date \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Total \_\_\_\_\_ (Max \$36.00)

Total Meal Expenses \_\_\_\_\_

(Attach receipts)

Maximum daily reimbursement of \$36 unless otherwise indicated due to meals being provided.

*\*Meal allowance will be prorated as: **Breakfast \$8** (leave before 6 am or return after 8 am), **Lunch \$12** (leave before 11 am or return after 1 pm), **Dinner \$16** (leave before 5 pm or return after 7 pm). Please do **not** include gratuity.*

Miscellaneous Expenses (Attach receipts): \_\_\_\_\_ \$ \_\_\_\_\_

### Total Reimbursement Requested:

Mileage \_\_\_\_\_

Hotel \_\_\_\_\_

Meals \_\_\_\_\_

Misc \_\_\_\_\_

Total \$ \_\_\_\_\_

The expenses listed here are true and correct. \_\_\_\_\_

Employee Signature

Reimbursement approved by: \_\_\_\_\_

Supervisor Signature

Account code: \_\_\_\_\_