

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 School 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 receipt from checkout) Federal Rate Schedule: <http://www.gsa.gov/portal/category/100120>

Meals* (for overnight travel):

Date _____ Breakfast _____ Lunch _____ Dinner _____ Total _____ Max _____

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Date _____ Breakfast _____ Lunch _____ Dinner _____ Total _____ Max _____

Total Meal Expenses _____

(Attach **itemized** receipts) *Maximum meal reimbursement 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). Meal allowance is intended for each day individually and may not be applied to past or future maximum daily allowances.

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: _____