UNIFORM TRAVEL REIMBURSEMENT FORM
Travel between January 1, 2020 and December 31, 2020

Date: _____ Department _____

Employee Name: _____

Purpose of Meeting: _____

Conference Location: _____

Dates Attended: _____

SUMMARY OF EXPENSES:

☐ Round trip from home ☐ Round trip from office

(Please deduct normal round trip commuting miles)

Address of Start Location Address of End Location

_____ _____

_____ _____

Minus normal commute of _____ miles

Eligible Mileage _____ x $ .52 per mile = $ _____

*Tolls, Parking, Ground transportation _____

*Meals(max incl. tip: B-$10, L-$15, D-$25) _____

*Lodging _____

*Air Fare _____

Miscellaneous:_____ _____

_____ _____

*Receipts must be attached.

Trip Total $ _____

Additional comments or instructions:

_____

_____

Employee Signature: _____

Approved:

Department Manager Signature: _____