**Travel Reimbursement**

**Elon College**

Please complete, print and sign this form for prepaid conference expenses or post conference reimbursement. Clearly label and attach original receipts and one photocopy of those receipts. (Note, you may submit this form electronically for prepaid expenses if you have electronic receipts).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | |  | | | | | | | First Name: | | |  | |
| CB |  | | Extension | |  | | Dept. |  | | | | Email |  |
| Name of the Conference: | | | | | | | | | | | | | |
| Conference Location (city, state, and country if outside U.S.): | | | | | | | | | | | | | |
| Travel Dates: | | | | Departure date | |  | | | | Return Date: |  | | |

**EXPENSES** (attach receipts)

|  |  |  |
| --- | --- | --- |
|  | Amount | Explanation if necessary |
| Transportation (air/train): |  |  |
| Mileage: | $0.00 | Enter miles:       formula will convert to $ |
| Registration: |  |  |
| Hotel: |  |  |
| Meals: |  |  |
| Parking: |  |  |
| Other: |  |  |
| **TOTAL**: | **$0.00** |  |

Faculty/staff signature:  Date:

**Dean’s Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Total this request: | $0.00 | **Account Number:** |  |
| Total prepaid: |  | **Account Name:** |  |
| Amount Approved: |  | **REIMBURSEMENT:** |  |

Dean/Associate Dean Signature:  Date:

**Prepared by : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**