



DSPT Travel Reimbursement Request

Date:

Pay to:

Name

Department:

E-mail:

Phone:

Faculty

10-01000-10-21-0010-64030

Student

10-01000-10-41-0010-64030

TOTAL AMOUNT:

Conference Information

Name of Conference:

Dates:

to

Location:

Title of Paper:

Title of Session:

Did you look for outside funding? Yes No

Additional Information:

Reimbursement Information

Travel Costs*		
Airfare, Etc.:		
Taxi/Shuttle:		
Rental Car:		
Mileage:		
Travel Total:		

Total Costs	
Total Travel Costs:	
Hotel:	
Conference Fees:	
TOTAL:	

* Travel costs include all costs associated with transportation to and from the conference. They do not include transportation or site-seeing at the conference location.

Please note:

- (1) All itemized receipts must be attached in order to receive reimbursement.
- (2) A summary of your participation in the event, to be posted in the News section of the DSPT website, must also be attached in order to receive reimbursement.

If either of the above items are not included with this form, it will delay the processing of your reimbursement.

For Office Use Only

Form Received		Receipts	
Date Approved		Summary	

Requested By (Signature)

Approved By (Signature)