

Travel/Non-Travel Reimbursement Form

Social Sciences Division
Local Business Center

Issue Check To:

Name:	
Street Address:	
Street Address Line 2:	
City, State, Zip or Postal Code:	
Name of Country: <i>(if international)</i>	
Email (REQUIRED):	

Official University Business Details:

Destination and/or Purpose:	
Departure Date:	Return Date:

Details of Expenditures {please include all receipts and/or internet map for mileage }:

Mileage: _____ x _____ cents per mile = \$ _____ <small>www.IRS.gov standard mileage rate for personal vehicle use only</small>	Parking/Tolls:
Rental Car:	Gasoline (Rental Only):
Air/Train:	Baggage:
Transportation/Taxis/Fares:	Lodging:
Meals:	Miscellaneous:
Total Due:	

I certify that the amounts given herein represent actual business related travel expenses and are in accordance with the current University of Chicago travel policy and procedures. I further certify that I have/will not receive reimbursement for the above expenses from any other source.

Check one: Guest/Visitor
 U of C Emeritus/Temp
 U of C Student

Signature

Date