University of Maryland
Department of Communication

PLEASE USE BLACK INK ONLY

REIMBURSEMENT FOR TRAVEL EXPENSES

(Do not complete unless a TAR was submitted prior to trip)

Date of Travel: Date to Date

Traveler Last Name: **Traveler First Name:**

Department: **Destination:**

Indicate the Amount of Reimbursement

Air/Rail/Bus:	$0.00	
Lodging:	$0.00	*(attach a statement if the room was shared)*
Taxi:	$0.00	*(receipt not required if under $25.00)*
Parking Fees:	$0.00	
Bridge/Tolls:	$0.00	
Registration Fees:	$0.00	
Meals:	$0.00	*(itemized receipt or request per diem)*

If per diem, indicate how many meals for each category:

Breakfast: *Lunch*: *Dinner*:

Miles:	$0.00	*(if using own vehicle, indicate address)*
address from/to:		
address to/from:		
Miscellaneous:	$0.00	
TOTAL:	**$0.00**	

If Splitting Cost of Reimbursement, Indicate Amount per Source/Account

(i.e. 1. DRIF - $500, 2. ARHU Grant - $500)

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Traveler's Signature

If sponsored/grant funds, signature indicates ORAA approval prior to trip.

Submit only original Itemized Receipts with Proof of Payment
(Bank or Credit Card Statement; Cashed Check)

DELIVER ORIGINAL DOCUMENTS AND COMPLETED FORM TO:
Department of Communication | Business Office
2120 Skinner Building | College Park, MD 20742