

## TRAVEL REIMBURSEMENT REQUEST

Read this form carefully; accurately and legibly provide all information. This information must be submitted within ten days of the event.

Name of Traveler:

Name of Event:

Dates of Travel:

Destination: University of Pittsburgh

Current Mailing Address:

Current Phone:

Date Submitted (Must be submitted within 10 days of travel):

Social Security Number:

Purpose of Travel:

*Instructions: Who is the person being reimbursed? What is the person's role? What was the expense? What was the expense for?*

Total Mileage:

Mileage Rate:

(visit the following website to determine the current mileage rate:

<http://www.pts.pitt.edu/Travel/common/mileage.html>)

Total Reimbursement: (total miles \* current mileage rate) =

Make sure to submit a signed W-9 form with your Travel Reimbursement Request Form within 10 days of the end of the event that you attended.

*Notes: Mileage rates include wear and tear on the automobile, tolls, gasoline, and other relevant expenses related to transportation.*

### **For Office Use Only**

Account Number: