

Type of Request (Select ONE):

☐ Request for Travel – Final Report

PART I (REQUIRED PRIOR TO ANY TRAVEL)

PART II – EXPENSE REPORT

Total Receipts: _____
 Total Advance: _____
 Settle Up (If negative, enclose check or cash): _____

NOTES:

1. Except for grant funds, meal per diem will be reimbursed at the above rates upon return. Receipts are not required if the meal per diem is met or exceeded.
2. GRANT funds require original, ITEMIZED meal receipts and are due along with any other receipts for reimbursement within 5 days after travel to Grant Department funding travel. Please allow 10 business days from date of submission for receipt of reimbursements.

TO BE SIGNED UPON RETURN WHEN COMPLETING FINAL TRAVEL REPORT: By signing below, I certify that the amount expended on per diem meals per day, met or exceeded the maximum per diem rates. I certify that the above expenses were used for the intent stated and are true and correct.

Date