NC State Office of Information Technology
Travel Reimbursement Authorization

Date (M-D-Y) _______________________________________

Traveler’s Name____________________________________

Traveler’s Email Address________________________________

Traveler’s Phone Number________________________________

Employee ID#_______________________________________

Department___________________________________________

Destination____________________________________________________________________________

Purpose of Trip______________________________________________________________________________

leave: Date_________________________ Time: ________AM/PM

Return: Date_________________________ Time: ________AM/PM

Prepaid Expenses: Y/N Amount

Conference/Workshop Registration Fee _________

Air Fare _________

Lodging _________

Rental Car _________

Other _________

Mileage_____________ State Vehicle Available _____ Y/N

Number of Meals to be EXCLUDED (Meals included in registration/personal days should be excluded)

Breakfast ___________ Lunch ___________ Dinner ___________

Other Transportation Expenses (Shuttles, Taxi, Parking, etc) Receipt Attached

Description Amount

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Other Expenses (Lodging, Phone/Internet, etc) Receipt Attached

Description Amount

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Project Number________________________________________

Signature of Traveler____________________________________

**Attach a copy of the conference agenda**