

NORTH CAROLINA STATE UNIVERSITY
Department of Mathematics
Travel Authorization and Reimbursement Form

TR# (Office Use only) _____

Voucher # (Office Use Only) _____

Name: _____

ID# (Office Use Only) _____

Travel to: _____

Begin/End Dates of Travel: _____

Purpose: _____

Conference/Meeting Website: _____

Funding to be paid by (account number) Other _____ Grant _____ Department _____

ESTIMATED COSTS	
Air Fare	\$
Meals	\$
# Breakfast	
# Lunch	
# Dinner	
Lodging	\$
Ground Transportation	\$
Registration Fee	\$
Other	\$
TOTAL	\$
Meal Subsistence	
In-State	Out-of-State/Country
\$7.75	\$7.75
\$10.10	\$10.10
\$17.30	\$19.65
Lodging	
\$65.90	\$78.05

TRAVELER'S EXPENSES			
Reimbursement	Amount	Receipts Attached	
Air Fare	\$		
Meals	\$		
# Breakfast			
# Lunch			
# Dinner			
Lodging	\$		
Transportation			
Mileage	\$		
Parking	\$		
Car Rental	\$		
Gas	\$		
Tolls	\$		
Taxi/Bus/Train	\$		
Registration Fee	\$		
Other			
Telephone	\$		
Fax/Internet	\$		
TOTAL	\$		
Prepaid airfare	Yes	No	\$
Prepaid registration fee	Yes	No	\$

 Traveler's Signature/Date

 Travel Authorization Signature/Date

 Reimbursement Approval Signature/Date