



Name of Requesting Department/Program: \_\_\_\_\_

Please be sure to provide ALL of the information requested including signatures. Forms that do not provide all requested information will not be processed.

PLEASE NOTE: Original receipts must include confirmation of completed transaction (e.g. credit card charge, PayPal confirmation, other form of payment)

**TRAVELER INFORMATION (All information is required):**

Name: \_\_\_\_\_ PID#: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

\_\_\_\_\_

Address is current until: \_\_\_\_\_

**TRAVEL INFORMATION:**

Arrival time: \_\_\_\_\_ Departure time: \_\_\_\_\_

From (city and state): \_\_\_\_\_ to: Chapel Hill, NC

**Cost of Transportation**

Ticket Cost: Airplane: \$\_\_\_\_\_ Train: \$\_\_\_\_\_ Bus: \$\_\_\_\_\_

Mileage Cost: Miles: \_\_\_\_\_

If driving, traveler must submit an itinerary indicating roundtrip mileage with point of origin and destination information for ALL mileage being requested for reimbursement.

Personal Car @ (current NC State reimbursement rate per mile): \$\_\_\_\_\_

Rental Car @ (current NC State reimbursement rate per mile): \$\_\_\_\_\_

**Cost of Lodging:**

Hotel: \$\_\_\_\_\_

Total Travel Cost: \$\_\_\_\_\_ (Not to exceed \$500.00)

Traveler Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

(Director of Graduate Admissions, Director of Graduate Studies, or Student Services Manager)