

Royster Travel Reconciliation and Reimbursement Form

CONTACT INFORMATION:

Name	e:	PID #:	
Email address:			
Department:			
Home Mailing Address:			
City: _	State:	Zip:	
TRIP II	INFORMATION:		
Reaso	on for Travel (select one):		
0	Presenting research at conference. Confe	erence name and presentation title:	
0	Giving job talk / interview. Name of company or institution:		
0	Other. Please describe:		
Dates		End Date:	
Destination Information (City, State) –			
From:	:	→ To:	

NOTE – If this is an international trip, please attach the <u>Graduate Student Request for Travel</u> <u>Restriction Exception</u> RASR approval email to this form.



EXPENSE INFORMATION:

completing your trip.

Indicate the following expenses for which you are requesting reimbursement. Receipts must be provided for all expenses except for per diem meals and mileage.

Conference Registration: \$	
Lodging: \$	Airfare: \$
Per diem meals: \$ (calculate t for domestic travel or the Department of State M&	
Train Tickets: \$	Taxi/Subway Fare: \$
Personal Car Mileage (\$0.67 per mile): \$	Other Expenses: \$
TOTAL REIMBURSEMENT AMOUN	IT: \$
Reimbursement will be issued through a payment to have direct deposit set up through your student accelectronically. If not, you will receive a paper check.	•
FINANCIAL AID IMPACTS	
 Travel that is primarily for the academic ben financial aid. Travel that is primarily for the I financial aid. Check with your department business mana 	penefit of the university is not considered ger if you have questions about your
payment and how it may impact your financ	ial aid eligibility
TRAVLER ACKNOWLEDGEMENT FOR TRAVEL REIM Under penalties of perjury, I certify this is a true and expenses and allowances incurred in the service of reimbursement for expenses paid or to be paid by a will immediately notify Laura Pratt because the fundamental control of the paid by a service of t	d accurate statement of the city of lodging, the State and that I have not claimed mother organization. If the trip is canceled, I
Traveler's Signature:	Date:

Submit this form and receipts to Laura Pratt (Lepratt@email.unc.edu) within 30 days of