

Department of Psychology and Neuroscience
 UNC Chapel Hill
 235 E. Cameron Drive | CB #3270
 Chapel Hill, NC 27599-3270
 (919) 962-4150

TRAVEL FORM

Name: _____

Personal Vacation: _____

Address: _____

A&S Travel Funds: _____

PID: _____

Reimbursement Request: _____

Purpose of Trip: _____

Advance Request: _____

Destination: _____

Expenses Paid by Another Organization: _____

Travel Period: _____ to _____

Signature: _____

Estimated Cost		Amount
Subsistence – Meals:	days at \$37.90/day (in-state) or \$40.50/day (out-of-state)	
Subsistence – Room:	days \$ _____ per night	
Transportation – Airfare:		
Transportation – Mileage:	miles at 53.5¢ per first 100 miles, 17¢ per mile thereafter	
Transportation – Rental Car:	days \$ _____ per day – justification required	
CABS – Airfare:		
Registration Fees:		
Other:		
Total Estimated Cost		

Travel Reimbursement – complete after travel

DAY DEPARTURE/ ARRIVAL TIME	TRANSPORTATION <i>Incl. mileage, cab fare, rental car, parking</i>	FOOD <i>Check all that apply. In-state rates listed.</i>	ROOM	OTHER <i>Internet, baggage fee</i>
Date: _____ Time: _____		Breakfast \$8.30: Lunch \$10.90: Dinner \$18.70:		
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MEAL ALLOWANCES

Breakfast, if you part prior to 6 am

Lunch, if you depart prior to noon or return after 2 pm

Dinner, if you depart prior to 5 pm or return after 8 pm

PLEASE RETURN FORM TO PROGRAM COORDINATOR