

Travel Application (for office use):TA _____

Tracking Number (for office use):EX _____

Travel Reimbursement – Department of Biology

Traveler: _____ Destination: _____
 Purpose: _____ Dates: From ____/____/____ to ____/____/____
 1st Acct. Number: _____ 2nd Acct. Number: _____
 Persons Accompanying Me _____
 (Note: Expenses for spouse & family members should not be charged to a BYU account.)

Airfare:

Airline/Agency*	Seating Class	Method of Payment	Amount
			\$

*Note: An approval code is required for any Travel Agency other than BYU Travel: _____

Lodging:

Name of Hotel(s)	# of Days	Method of Payment	Total Amount
			\$

Rental Car:

Car Rental Agency	Size of Car*	Insurance?	Method of Payment	Amount
				\$

*Note: An explanation is required for Luxury or Full-sized cars: _____

Other Expenses: (conference registration fees, shuttle, parking, taxi, etc.)

Expense	Method of Payment	Amount
		\$
		\$
		\$

Other Transportation Costs: (such as shuttle, taxi, parking, etc.)

Explanation	Method of Payment	Amount
		\$

Meals: Non Per Diem

Receipts attached	Method of Payment	Amount
		\$

Meals: Per Diem Calculation Table

Per Diem: \$ _____ /day X number of days _____	Total per diem:	\$
Meals included as conference expenses (breakfast, lunch, dinner)	Amount to subtract from per diem*	
Meal charged on Travel Card	Amount to subtract from per diem	
Total subtraction from per diem:		- \$
Reimbursement (adjusted per diem):		\$

*Please look to the Per Diem Table for the amount to subtract for each meal. Ex: If lunch is provided at a conference and per diem is \$54/day, I would subtract \$15 from my per diem.

Motorpool OR Personal Vehicle Charges: (circle one)

Motorpool Charges: _____	Personal Vehicle: _____ miles x _____ ¢ per mile =	\$
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Grand Total	\$
Less Above Amounts Charged Directly to BYU Account Number	\$
Less Above Amounts Charged to BYU Travel Corporate Card	\$
Other _____	\$
Balance Due Claimant OR Amount to be deposited at Cashier's Office	\$

*Note: If Traveler is not a full-time employee, please indicate address to which reimbursement check should be sent:
 Address: _____

Traveler's Signature _____ Date: ____/____/____
 Extensity Proxy Signature _____ Date: ____/____/____
 Department Financial Assistant _____ Date: ____/____/____
 Department Chair _____ Date: ____/____/____