

Start Location: _____ Destination: _____

Purpose for Travel: _____

Name: _____

Remittance Address: _____

IOWA STATE UNIVERSITY TRAVEL EXPENSE SHEET

Please submit to:

Please submit claims within fifteen days of travel.

Personal Car List each trip with point of departure and total mileage. Allowance will be based on \$.58/mile, the current government IRS mileage rate.

Air Travel Copy of ITEMIZED RECEIPT for ticket and additional baggage fee must accompany your travel expense sheet; costs for itinerary changes are not reimburseable except for extenuating circumstances. Receipt must show total paid.

Taxi/Rental Copy of ITEMIZED RECEIPT for taxi/rental ticket must accompany travel expense sheet.

Parking Copy of ITEMIZED RECEIPT for parking must accompany travel expense sheet.

Materials If you are requesting to be reimbursed for materials purchased for meeting, Copy of ITEMIZED RECEIPT must accompany your travel expense sheet.

Meals Copy of ITEMIZED RECEIPT for each meal.

Maximum reimbursement: B-\$6.00 L-\$9.00 D-\$16.00 (Meals inside Iowa)
B-\$8.00 L-\$12.00 D-\$20.00 (Meals outside Iowa)

All meal claims in excess of amounts indicated are not reimbursable. Travelers must be in travel status and will only be reimbursed for actual meal expenses. Alcohol is not reimbursable.

REQUIRED RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT.

Date	Explanation/ Notes	Mileage x current rate	Hotel	Airfare	Meals			Misc.	TOTAL
					B	L	D		
Total									