

# WINSTON-SALEM STATE UNIVERSITY FOUNDATION

## Request for REIMBURSEMENTS OF TRAVEL EXPENSES INCURRED IN THE DISCHARGE OF OFFICIAL DUTY - INCLUDING PER DIEM

Instructions to claimant: Complete ALL areas on this form. Attach all necessary receipts and other supporting documents to this form and submit the original to Foundation. Please retain (1) copy for your records. Make sure all appropriate signatures and budget codes are in place.

DEPARTMENT	DIVISION	DATE SUBMITTED
PAYEE'S NAME & MAILING ADDRESS	TITLE	PERIOD COVERED BY THIS VOUCHER: FROM _____ TO _____
	PURPOSE OF TRAVEL	

Under penalties of perjury I certify this is a true and accurate statement of the city of lodging expenses and allowances incurred in the service of the State.

TOTAL COST
LESS ADVANCE
REIMBURSEMENT <span style="color: red;">REDEPOSIT</span>

CLAIMANT \_\_\_\_\_

I have examined this reimbursement request and certify that preapproval was obtained and it is just and reasonable.

DEPARTMENTAL APPROVAL _____	DATE _____	PROGRAM ACCOUNT (1) _____	AMOUNT _____
		PROGRAM ACCOUNT (2) _____	AMOUNT _____
		PROGRAM ACCOUNT (3) _____	AMOUNT _____

Contact: _____	Ext. _____
----------------	------------

TRAVEL (SHOW EACH CITY VISITED)		TRANSPORTATION			SUBSISTENCE			OTHER EXPENSES			
DATE	FROM	TO	MODE	MILEAGE	*RATE	AMOUNT	TYPE	IN STATE	OUT-OF-STATE	EXPLANATION	AMOUNT
			R			0	B				
			A			0	L				
			O			0	D				
			P			0.00	H				
						0.00	TOTAL	0.00	0.00		
			R			0	B				
			A			0	L				
			O			0	D				
			P			0	H				
						0.00	TOTAL	0.00	0.00		
			R			0	B				
			A			0	L				
			O			0	D				
			P			0	H				
						0.00	TOTAL	0.00	0.00		
			R			0	B				
			A			0	L				
			O			0	D				
			P			0	H				
						0.00	TOTAL	0.00	0.00		
			R			0	B				
			A			0	L				
			O			0	D				
			P			0	H				
						0.00	TOTAL	0.00	0.00		
			R			0	B				
			A			0	L				
			O			0	D				
			P			0	H				
						0.00	TOTAL	0.00	0.00		
			R			0	B				
			A			0	L				
			O			0	D				
			P			0	H				
						0.00	TOTAL	0.00	0.00		
						0.00	TOTAL	0.00	0.00		

<b>(1) Mode of Travel</b> R-Rental Car A-Air O-Other (rail, bus, ship, etc.) P-Personally owned car	<b>(2) Type of Subsistence</b> <table style="width: 100%;"> <tr> <th>In-State</th> <th>Out-of-State</th> </tr> <tr> <td>Breakfast \$8.60</td> <td>\$8.60</td> </tr> <tr> <td>Lunch \$11.30</td> <td>\$11.30</td> </tr> <tr> <td>Dinner \$19.50</td> <td>\$22.20</td> </tr> </table>	In-State	Out-of-State	Breakfast \$8.60	\$8.60	Lunch \$11.30	\$11.30	Dinner \$19.50	\$22.20	TOTAL TRANSP. 0.00	TOTAL AUTH. SUBSISTENCE. 0.00	TOTAL MISCELLANEOUS 0.00
In-State	Out-of-State											
Breakfast \$8.60	\$8.60											
Lunch \$11.30	\$11.30											
Dinner \$19.50	\$22.20											

**IRS Rate = .58/mile**