Neuroscience Training Program Travel Reimbursement Form

Please complete and return this form to the NTP office for reimbursement with receipts attached. Occasionally a bank statement or canceled check may also be acceptable If you attended a seminar/meeting, please attach a copy of the program pages that show the dates of the meeting and registration information outlining if any meals were included.

Receipts List

_ Airline Passenger receipt & Itinerary
_ Lodging Receipt
_ Registration Receipt
_ Taxi, shuttle—if over $25 (one way)
_ Parking Receipt
_ Vehicle Rental Contract
_ Train Fare Receipt
_ Misc._____

TRAVELER NAME: _____ **S.S. #:** _____

REASON FOR TRAVEL EXPENSES: _____

DEPARTED (Time and Date): _____ _____

RETURNED (Time and Date): _____ _____

TRANSPORTATION:

_ Air (Cost of ticket: $_____) **_ Employee Paid** **_ Program Paid**

_ Fleet Vehicle (List passengers: _____)

_ Personal Vehicle (Mileage-Round Trip: _____) Proof of distance attached _

_ Rental Vehicle (Total Invoice Amount: _____) (Total of Gas Receipts: _____)

REGISTRATION FEE: $_____ **_ Employee Paid** **_ Program Paid**
(Please asterisk (*) below any meals which were **included** with the registration fee)

LODGING: $_____ **_Employee Paid** **_Program Paid**

MEALS/OTHER: (please list amount requesting for reimbursement) **ANY SPECIAL CIRCUMSTANCES**

DATE	OTHER (Taxi, phone, etc)	MEALS		
		B	L	D