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| **CAS Business Center Travel Reimbursement Form** | | | |
| Preparer’s Name: | Preparer’s Dept: | T Number: | Today’s Date:  Click here to enter a date. |

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| Name: | Travel Type: Choose an item. |
| PID: | Travel City: |
| Departure Date: Click here to enter a date. | Travel State: |
| Departure Time:       Choose an item. | Travel Country: |
| Return Date: Click here to enter a date. | Travel Purpose: |
| Return Time:       Choose an item. |
| Exchange Rate:  (Out of Country Travel Only) |
| Are any travel expenses paid by an outside party? Choose an item. | |

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| **Required Financial Information** | | | | |
| Business Unit | Fund | Source | Dept ID | Program |
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| **Required for Contracts & Grants** | | | **Department Specific Information** | | |
| PC Business Unit | Project ID | Activity | Cost Code 1 | Cost Code 2 | Cost Code 3 |
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| Registration Fee: | Airfare: |
| Lodging Total: | CABS Issued? Choose an item. |

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| **Reimbursement Details** | |
| **Mileage Rate:** | Miles Driven:  (Please include a map showing actual door to door travel) |
| Enterprise Rental Car  Personal Car (58 cents per mile for round trips that do not exceed 100 miles and 33 cents per mile for round trips exceeding 100 miles.) |

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| Day: Click here to enter a date. | Transportation Description/Cost  (Taxi, subway, parking, etc): | Other Expense Description/Cost  (Internet, supplies, etc): |
| **Mark selection if electing to take meal per diem:**  Breakfast $8.40  Lunch $11.00  Dinner In State $18.90  Dinner Out of State $21.60 |

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| Day: Click here to enter a date. | Transportation Description/Cost  (Taxi, subway, parking, etc): | Other Expense Description/Cost  (Internet, supplies, etc): |
| **Mark selection if electing to take meal per diem:**  Breakfast $8.40  Lunch $11.00  Dinner In State $18.90  Dinner Out of State $21.60 |

*Please return this completed form to your department Administrative Manager with the appropriate supporting documentation.*

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