Department of Neuroscience

UNIVERSITY TO #

## **TRIP DETAILS** Employee ID #: \_\_\_\_\_ Traveler's Name: Purpose of the Trip: Date of departure from Tucson: Departure time: Return time: Date of return to Tucson: Traveling from Tucson to: Conference Dates: Personal Dates: Prepaid Document # ESTIMATED EXPENSES Amount (Office Use) **Transportation:** Private Vehicle Mileage (must provide starting & ending odometer readings upon return) Airfare (Coach airfare; US carrier only; use of non-US airlines requires pre-approval) Taxis Rental Vehicles (DECLINE collision damage waiver-it will NOT be reimbursed) University Garage Vehicle Yes No (Garage charges are billed separately) Lodging: Number of Nights: Room Rate: Name of Hotel: Telephone Number: Sharing Room? Yes No Conference Hotel? Yes No Roommate names: Meals and Incidentals: #days \_\_\_\_\_ at \_\_\_\_ per day PI initials: **Miscellaneous Expenses:** Registration Fee (receipt required) Parking Fees Telephone (Business calls only; must itemize and explain each call) Other **Total Estimated Expenses** Less Prepaid Expenses Advance/Reimbursement Balance

## Will you require a Travel Advance? Yes No

A Travel Advance check may be issued for expenses that are not pre-paid but only if the amount needed exceeds \$250. Please estimate your trip carefully. You will be required to reimburse the University for undocumented or unallowable expenses and for any portion of the advance not used. Travel Advances must be settled within 10 days of the completion of the trip.

AUTHORIZATIONS		
ACCOUNT #	PI SIGNATURE	
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