

Department of Mechanical Engineering: Non-Employee Travel Reimbursement

**You must complete a Vendor Authorization and Substitute W-9 tax form before payment can be processed.
 Please Attach ALL your Original Receipts**

Name _____ Date _____

Address _____

_____ City _____ State _____ Zip Code _____

Check One:

- Search Candidate
 Guest Speaker
 Prospective Grad Student
 Visitor
 Other (Please Describe) _____

Reason for Trip (Conference, Etc.) _____

TRANSPORTATION			LODGING			MEALS		
Airfare	\$		Hotel	\$		Breakfast	\$	
Train / Bus Fare	\$					max (\$15 per day)		
Taxi	\$					Lunch	\$	
Parking / Tolls	\$					max (\$16 per day)		
Rental Car	\$					Dinner	\$	
Mileage	\$					max (\$28 per day)		
@ .54 per mile								

Conference Registration \$ _____

Total Due to Traveler \$ _____

Signature of Payee _____

Return to: University of Minnesota
 Dept. of Mechanical Engineering
 Attn: Purchasing
 111 Church Street, Room 1100D
 Minneapolis, MN 55455

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For Office Use Only

EXPENSE JUSTIFICATION: You *must* answer the following before reimbursement will be processed.

Who (will be affected /benefited by this expense?) _____

Where (did payee travel?) _____

Why (was this travel expense necessary?) _____

How (does this expense benefit account being charged?) _____

PI Signature: _____ **Date** _____

%	Fund	Dept ID	Program	Project	CF1	CF2	Empl ID