SCAMeL Travel Expense Reimbursement Form

Please provide the following information for travel reimbursement:

Name______________________________________ Social Security # ____________________________
(Required for 1st time reimbursement only)

Address ________________________________________________________________________________

City __________________ State ______ Zip ______ Phone ______________________________

Dates of travel ____________________ Email __________________________________________________

Itemized expenses:

$ ____________________ Original airline ticket (receipt)

$ ____________________ Personal automobile mileage (56 cents per mile up to the cost of a standard airline ticket)

$ ____________________ Taxi, limo or shuttle service (original receipt)

$ ____________________ Rental vehicle (original receipt)

$ ____________________ Food (original receipt)

$ ____________________ Lodging (original receipt)

$ ____________________ Parking (long term, airport, etc.) (original receipt)

$ ____________________ Miscellaneous expenses (please list) (original receipt)

$ ____________________ TOTAL REIMBURSEMENT

Reason for travel (include location)

____________________________________________________________________________________

Signature __________________________________________ Date ______________________________

Traveler

Signature __________________________________________ Date ______________________________

Daniel E. Burgard, SCAMeL Treasurer

Please send this form with receipts to: Daniel Burgard
UNT Health Science Center at Fort Worth
Gibson D. Lewis Health Science Library
3500 Camp Bowie Boulevard
Fort Worth, TX 76107
daniel.burgard@unthsc.edu
817.735.2589

Update January 6, 2021