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 (58.5 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:
Kalei Malezon-Dorris
UNT Health Science Center at Fort Worth
Gibson D. Lewis Health Science Library
3500 Camp Bowie Boulevard
Fort Worth, TX 76107
kalei.malezon-dorris@unthsc.edu
817.735.5132

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