

SCAMeL TRAVEL EXPENSE FORM

Please provide the following information for travel reimbursement:

Name _____ Social Security # _____
(Required for 1st time reimbursement only)

Address _____

City _____ State _____ Zip _____

Dates of travel _____

Itemized expenses:

\$ _____	Original airline ticket (receipt)
\$ _____	Personal automobile mileage (.50 cents per mile)
\$ _____	Taxi, limo or shuttle service (original receipt)
\$ _____	Rental vehicle (original receipt)
\$ _____	Food (maximum \$50.00/per day) (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, Treasurer, SCAMeL

Please send this form with receipts to:

Carol Knisley
UNT Health Science Center at Fort Worth
Gibson D. Lewis Health Science Library
3500 Camp Bowie Boulevard
Fort Worth, TX 76107
Carol.Knisley@unthsc.edu
817.735.5132