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