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

07/08/2011
Carol.Knisley@unthsc.edu
SCAM.expense.form
817.735.5132