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 ________ Phone ________________

Dates of travel _________________________ Email __________________________________

Itemized expenses:

$ ____________________ Original airline ticket (receipt)

$ ____________________ Personal automobile mileage (57.5 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)

____________________________________
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

3/19/2015
Carol.Knisley@unthsc.edu
SCAMeL.expense.form 817.735.5132