

INSTITUTE *for* ADVANCED STUDY

REQUEST FOR TRAVEL REIMBURSEMENT

PD3 Travel Reimbursement

Name: _____

Address (please print clearly): _____

Destination: _____

Dates(s): _____

Purpose of Trip: _____

I. EXPENSES

Out of Pocket Expenses

Airfare	\$ _____
Trainfare	\$ _____
Private Car _____ mi. @36.5¢/mi.	\$ _____
Rental Car	\$ _____
Parking	\$ _____
Taxi/Shuttle	\$ _____
Lodging	\$ _____
Meals	\$ _____
Telephone Charges	\$ _____
Registration Fees	\$ _____
Tolls	\$ _____
Other	\$ _____

Total Out of Pocket Expenses \$ _____

II. REIMBURSEMENT

Reimbursement Due to Me: \$ _____

For PCMI Administrative Use Only

Signature

Date

Charge to Account: