



INSTITUTE OF TRANSPORTATION ENGINEERS

STUDENT TRAVEL REIMBURSEMENT REQUEST FORM

STUDENT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORKDAY TELEPHONE: () _____ EMAIL _____

MEETING INFORMATION: PURPOSE _____

LOCATION _____ DATE _____

***** ALL REIMBURSEMENT ITEMS *MUST* BE ACCOMPANIED BY SUPPORTING RECEIPTS *****

All student travel requires prior approval by the Student Faculty Advisor. Total reimbursement per Student Chapter is limited to a maximum amount approved in advance by the District Board.

ITEM	NOTES	AMOUNT
Airline Tickets	Attach ARC Passenger Coupon, Ticket stub with amount or similar receipt	\$ _____
Vehicle Mileage	_____ miles @ IRS Rate of \$0.365 per mile (just fill in mileage, spreadsheet will compute amount)	\$ _____ -
Parking/Tolls		\$ _____
Other Ground Transportation:	Include receipt with any tip noted	\$ _____
Lodging	Only for room + tax (no other hotel charges)	\$ _____
Meals	Receipts should include food list, where appropriate, and include tip	\$ Not Applicable
Other Expense	Must be accompanied by explanation (please attach):	\$ _____

TOTAL REIMBURSEMENT REQUESTED: \$ _____ -

Student Signature _____ Date _____

Faculty Advisory Approval _____ Date _____

Submit reimbursement requests to:
Student Faculty Advisor

For internal use	Code	Date Pd	Check No.