

# Travel Reimbursement Request Form

*Note: this form should only be used for individuals who are not employees of the University.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address (Home)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

To: SCHOOL OF GOVERNMENT  
CB# 3330, Knapp-Sanders Building  
UNC-Chapel Hill  
Chapel Hill, NC 27599-3330

For: Service with dates \_\_\_\_\_

Honorarium: \$ \_\_\_\_\_

Travel (mileage or airfare:  
(total miles at \$.58 per mile or original airline ticket attached) \$ \_\_\_\_\_

Hotel room with dates and original receipts attached: \$ \_\_\_\_\_

Meals with dates and original receipts attached: \$ \_\_\_\_\_

Other reimbursable expenses with original receipts attached: \$ \_\_\_\_\_

TOTAL AMOUNT DUE: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date