

CAS Business Center Travel Reimbursement Form

Preparer's Name:

Preparer's Dept:

T Number:

Today's Date:

Traveler Information

Name:

Travel Type:

PID:

Travel City:

Departure Date:

Travel State:

Departure Time:

Travel Country:

Return Date:

Travel Purpose:

Return Time:

Exchange Rate:

(Out of Country Travel Only)

Are any travel expenses paid by an outside party? .

Reimbursement Details

Registration Fee:

Airfare:

Lodging Total:

CABS Issued?

Mileage Rate:

UNC Motor Pool

Personal Car (.535/mile for first 100 miles per day)

Personal Car (.17/mile for each add'l mile thereafter)

Miles Driven:

Day:

**Mark selection if electing to
take meal per diem:**

Breakfast \$8.40

Lunch \$11.00

Dinner In State \$18.90

Dinner Out of State \$21.60

Transportation Description/Cost
(Taxi, subway, parking, etc):

Other Expense Description/Cost
(Internet, supplies, etc):

Day:

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Lunch \$11.00

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Dinner Out of State \$21.60

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(Taxi, subway, parking, etc):

Other Expense Description/Cost
(Internet, supplies, etc):

Please return this completed form to your department Administrative Manager with the appropriate supporting documentation.

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