

Today's Date: _____ **A&S Travel Reimbursement Justification Form**

Group/Individual Information	<p>Traveler's Name: _____</p> <p>Organization Name (if applicable): _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>
---	--

Conference Information	<p>Conference Name: _____</p> <p>Location: _____ Travel Dates: _____</p> <p>Benefit of Conference to FAU: _____</p> <hr/> <p>Reimbursable Items (check all that apply):</p> <ul style="list-style-type: none">Itemized Hotel receipts showing Traveler as the guest.Paid airline tickets showing Itemized Itinerary and Traveler as the passenger.Paid registration receipts showing Traveler as the registrant.Local transportation (Train/Bus/taxi ticket receipt, Etc.).Car rental receipts or Mapped mileage if using your own vehicle.Gas showing price, gallons, and toll receipts. (Pre-paid receipts not allowed). <p>Awarded Up To: _____</p>
-------------------------------	--

Traveler Signature	<p>Initiator: _____ Signature & Date: _____</p>
-------------------------------	---