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| **EXSS Travel Reimbursement Form** | | | |
|  |  | Today’s Date:  Click here to enter a date. |  |

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| Name: | Travel Type: Choose an item. |
| PID: | Travel City: |
| Departure Date: fgfggfgf | Travel State: |
| Departure Time:       Choose an item. | Travel Country: |
| Return Date: Click here to enter a date. | Travel Purpose: |
| Return Time:       Choose an item. |
| Exchange Rate:  (Out of Country Travel Only) |
| Are any travel expenses paid by an outside party? Choose an item. | |

**Traveler Information**

**Where will be charged ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If Grant related: Project ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Registration Fee: | Airfare |
| Lodging Total: | CABS Issued? Choose an item. |

**Reimbursement Details**

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| **Mileage Rate:** | Miles Driven: |
| UNC Motor Pool  Personal Car (.34/mile if trip exceeds 75 miles)  Personal Car (.54/mile if trip is < 75 miles)  Personal Car (No State Car Available) (.54/mile) |

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| Day: Click here to enter a date. | Transportation Description/Cost  (Taxi, subway, parking, etc): | Other Expense Description/Cost  (Internet, supplies, etc): |
| **Mark selection if electing to take meal per diem:**  Breakfast $8.60  Lunch $11.30  Dinner In State $19.50  Dinner Out of State $22.20 |

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\*\* If requesting reimbursement for mileage, include gas receipts and/or a map that shows directions to and from destinations.

Advisor/Project Investigator: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature: