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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: