

GSC TRAVEL REIMBURSEMENT INFORMATION

Name: _____ Wildcat ID Number: _____

Email Address: _____ Phone Number: _____

Is another department(s) paying for any part of this trip? **Yes** **No** *If yes, list department(s), amount & business manager name below.*

Department	Amount	Department Business Manager
_____	\$ _____	_____
_____	\$ _____	_____

Name of Event: _____
Do not abbreviate

Event Location: _____
City State Country

Dates of Event: _____ to _____
Start End

Departure from Manhattan: _____ am pm
Date Time

Arrival back in Manhattan: _____ am pm
Date Time

TRAVEL EXPENSES

*Please list only the expenses that you are requesting reimbursement for from GSC.
Do not list expenses that you are requesting reimbursement for from other departments.*

- \$ _____ **Registration**
- \$ _____ **Airfare and/or Baggage**
- \$ _____ **Lodging** Roommate(s) if applicable: _____
- \$ _____ **Rental Car/Gas for Rental Car**
- \$ _____ **Tolls and/or Parking**
- \$ _____ **Taxi/Shuttle/Subway Fares**
- Yes** **No** **Personal Vehicle Mileage** Passenger(s) if applicable: _____

I certify the above information is true and correct to the best of my knowledge.

Signature

Date