Finance	Sig Reviewed By: Card Reviewed By:					Grant or Foundation:					
use only:											
	Т	ravel	Reim	burs	emer	it Fo	rm				
EMPLOYEE IN	This form is			expens AGE RATE			daily mile	age.			
Name:					Prepare	ed by:					
	Date To:										
Travel Destin	ation:										
				t Inforn					l Reimbur		
Date	Description of reimbursement	Fund	Org	Account	Prog	Activity Code	Non-mileage Reimbursement amount	Number of miles	Total mileage x .59 (mileage rate)	Less advances or traveler obligation	
						Total					
						Total		Gra	ınd Total		
Signatures all overnig	receipts MUST be itemized are are not required on this form if ht/out-of-state travel. Reimburs taxable income.	approved	TA ID n	umber o						d for	
Fund	Org				Fun	d		Org	;		
Signature					Sigr	nature					
For reimbi	ursements other than mileage	AN EXPI	ANATI	ON MUS	T BE PE	ROVIDE	D BELOW	AS TO W	HY THE U	VIVERSITY	

VISA CARD WAS NOT USED. Travelers who choose not to use the UNC VISA card will need approval from the Executive Director of Purchasing and Contracts prior to reimbursement being made and reimbursement may be delayed up to 30 business days from the date AP receives the reimbursement.