

Travel Reimbursement Form

This form is used for travel expenses including daily mileage.
NEW MILEAGE RATE 1/1/2024

EMPLOYEE INFORMATION:

Name: _____Prepared by: _____

Bear #: _____Phone number: _____

Date From: _____ Date To: _____Department: _____

Travel Destination: _____TA ID #: _____

Budget Information							Travel Reimbursements			
Date	Description of reimbursement	Fund	Org	Account	Prog	Activity Code	Non-mileage Reimbursement amount	Number of miles	Total mileage x .60 (mileage rate)	Less advances or traveler obligation
Total										
							Grand Total			

NOTE: All receipts MUST be itemized and attached to document
Signatures are not required on this form if approved TA ID number or TA has been attached. A TA must be completed for all overnight/out-of-state travel. Reimbursement requests submitted more than 60 days after the return date will be reported as taxable income.

Fund _____ Org _____

Fund _____ Org _____

Signature _____

Signature _____

For reimbursements other than mileage, **AN EXPLANATION MUST BE PROVIDED BELOW AS TO WHY THE UNIVERSITY 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.