



THE UNIVERSITY OF UTAH
 DEPARTMENT OF
 MECHANICAL ENGINEERING

Travel Expense Report

THIS EXPENSE REPORT AND ITEMIZED RECEIPTS MUST BE
 UPLOADED IN SAP CONCUR OR
 EMAILED TO: marisa.deleon@utah.edu

TRAVELER INFORMATION

Date: _____ UNID: _____ Concur Request ID: _____

Name: _____ Mobile Phone: _____

Email: _____ Faculty Name: _____

Chartfield: 01-00068- _____ - _____ - _____ - 60100/60000/60200
 BU ORG FUND ACTIVITY/PROJECT A/U ACCOUNT CODE

I certify that these expenses were actual, necessary, reasonable, and incurred for official business of the University of Utah and that no portion of this claim was provided free of charge, previously reimbursed from any other source, or will be paid from any other sources in the future.

PAYEE SIGNATURE _____ DATE: _____

FACULTY/PI APPROVAL: _____ DATE: _____
 SIGNATURE REQUIRED

TRAVEL EXPENSES

AIRFARE: _____ \$ _____
 AIRLINE NAME: _____ Paid by: University
 Traveler

PERSONAL MILEAGE: (Mileage Log Required) \$ _____
MILEAGE ALLOWANCE
 PERSONAL: \$ 0.625 CENTS PER MILE
 FLEET: \$ 0.36 CENTS PER MILE
 RELOCATION: \$ 0.22 CENTS PER MILE

GASOLINE: \$ _____

LODGING: \$ _____
 HOTEL NAME: _____ Paid by: University
 Traveler

MEAL EXPENSE: \$ _____
 Per Diem _____ Days @ \$ _____/Per Day

CAR RENTAL: \$ _____
 CAR RENTAL NAME: _____

GROUND TRANSPORTATION: \$ _____

PARKING: \$ _____

MISC: _____ \$ _____

SUBTOTAL: \$ _____

GSTAA AWARD/OTHER (Subtract) \$ _____

TOTAL REIMBURSEMENT: \$ _____