

SCAMeL Travel Expense Reimbursement Form

Please provide the following information for travel reimbursement:

Name _____ Social Security # _____
(Required for 1st time reimbursement only)

Address _____

City _____ State _____ Zip _____ Phone _____

Dates of travel _____ Email _____

Itemized expenses:

| | |
|----------|---|
| \$ _____ | Original airline ticket (receipt) |
| \$ _____ | Personal automobile mileage (62.5 cents per mile up to the cost of a standard airline ticket) |
| \$ _____ | Taxi, limo or shuttle service (original receipt) |
| \$ _____ | Rental vehicle (original receipt) |
| \$ _____ | Food (original receipt) |
| \$ _____ | Lodging (original receipt) |
| \$ _____ | Parking (long term, airport, etc.) (original receipt) |
| \$ _____ | Miscellaneous expenses (please list) (original receipt) |
| \$ _____ | TOTAL REIMBURSEMENT |

Reason for travel (include location)

Signature _____ Date _____
Traveler

Signature _____ Date _____
Daniel E. Burgard, SCAMeL Treasurer

Please send this form with receipts to:

Kalei Malczon-Dorris
UNT Health Science Center at Fort Worth
Gibson D. Lewis Health Science Library
3500 Camp Bowie Boulevard
Fort Worth, TX 76107
kalei.malczon-dorris@unthsc.edu
817.735.5132