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

Update August 5, 2022