

POST TRAVEL REIMBURSEMENT

Please remember original, itemized receipts and conference itinerary are required

Name: _____ Account: _____

1. Destination: _____

2. Purpose of Travel: _____

3. Conference: _____ Conference Dates: _____

4. Departure from Manhattan: Date: _____ Time: _____ AM/PM

5. Return to Manhattan: Date: _____ Time: _____ AM/PM

6. Airport: ___ MHK/Manhattan ___ MCI/Kansas City ___ Other _____

If mileage: ___ private vehicle ___ motor pool ___ shuttle

Miles driven/Destination: _____

7. Reimbursement costs: ATTACH ORIGINAL RECIEPTS AND CONFERENCE ITINERARY

Airfare/Train: \$ _____ Paid in advance by dept? ___ Yes ___ No

Lodging: \$ _____ Pain in advance by dept? ___ Yes ___ No

Registration: \$ _____ Pain in advance by dept? ___ Yes ___ No

8. Were any meals provided? If yes, please indicate the dates and meals below.

Date	Breakfast	Lunch	Dinner

Personal Leave: Please list dates and times of personal days taken during travel in the box below.

9. Car Rental & Gas: \$ _____ Reason for rental: _____

Parking: \$ _____ Taxi/Shuttle: \$ _____

Tolls: \$ _____ Misc: \$ _____

10. Other travelers? _____

11. Limited reimbursement amount. _____

Comments: _____

Effective January 1, 2016 per diem rates are calculated based on specific location of travel. See links below.

CONUS (Contiguous United States): <http://www.gsa.gov/portal/content/104877>

OCONUS (Outside Contiguous United States-Alaska, Hawaii, U.S. Territories):

<http://www.defensetravel.dod.mil/site/perdiemCalc.cfm>

International (All Non-US States and Territories): https://aoprals.state.gov/web920/per_diem.asp