**Human Nutrition, Foods, and Exercise Travel Reimbursement Request**

1. **Prior to travel, complete this form with travel estimates and send to Carolyn Smith at** **ctsmith@vt.edu****.**
2. **After travel, complete a revised form with actual costs and send this plus travel receipts to Carolyn Smith.**

**NAME & MAILING ADDRESS:**

**STUDENT ID #:**

**DEPARTURE DATE:**

**RETURN DATE:**

**TRANSPORTATION:**

**Personal Vehicle: Mileage:**

**Rental Vehicle: Rental:** **Gasoline:**

**Parking/Tolls: Parking:** **Tolls:**

**Air Fare/Other: Air Fare:** **Other:**

**DESTINATION:**

**PURPOSE OF TRAVEL:**

**FOOD/MEALS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **BREAKFAST** | **LUNCH** | **DINNER** | **TOTAL** |
|  |  |  |  |  |
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|  |  |  |  |  |

**LODGING (HOTEL NAME AND ADDRESS):**

**Conference Hotel:** **[ ]  Y** **[ ]  N Per night charge excl. tax:**

**Shared Room?** **[ ] Y** **[ ]  N**

**MISCELLANEOUS CHARGES:**

**Fees: Registration:** **Prepaid:** **[ ] Y** **[ ] N**

**Other:**

**SPECIAL INSTRUCTIONS, including travel awards, funding, etc.:**