

DAA BOD Travel Expense Reimbursement Form

NAME OF PAYEE:		DATE OF TRIP:	
HOME ADDRESS:		FROM:	
EMAIL:		TO:	
TRIP PURPOSE:			
TYPE OF EXPENSE (Select either #1 or #2)	DATE	DESCRIPTION	TOTAL
1) # of miles - personal vehicle (2009 mileage rate = \$.55/mile)			
OR			
2) AIRFARE			
<p>I certify that I have expended the amount shown above for travel as indicated. The items were taken from records kept by me and, to the best of my knowledge, are correct. If chargeable to a grant or contract funded by an agency other than Duke University, I certify that the claimed travel expenses were by the most economical method and comply with the conditions of the grant or contract.</p>			
		TOTAL EXPENSES	
		NC SALES TAX PAID	
		AMOUNT DUE TO PAYEE	

PAYEE SIGNATURE DATE

**Please send receipts and original boarding pass(es) to: Angela Karl, 614 Chapel Drive Box 90572, Durham, NC 27708-0572
 (Fax) (919) 684-6022