

Department of Nursing and Health Professions POST-TRAVEL

Please fill out no later than two weeks after returning from your conference.

Name: _____ A#: _____ Date: _____

TA# _____

Index # to be charged

	Reimb		No Reimb		Reimb		No Reimb
Registration: \$ _____				Lodging: \$ _____			
Airfare: \$ _____				Parking: \$ _____			
Taxi/Bus/Shuttle (in destination city) _____				Misc : \$ _____			

No per diem requested

Total \$

Motor Pool Vehicle

Own Vehicle (Reimbursed at \$0.485 per mile from USU to destination.) Miles traveled _____

Comments: In the space below please mention actual departure times, return times and meals that you need to receive per diem for and any other information that may be helpful in reimbursing you for your travel.