

NIDDK ADVISORY COUNCIL TRAVEL EXPENSE FORM

REQUIRED RECEIPTS: (Please attach to this form)

- **Travel Stubs/Itinerary** with total price of ticket \$ _____
- **Original Hotel** itemized receipt:
 - Room Rate \$ _____
 - Hotel Taxes \$ _____
 - Phone Calls (\$5.00 per day are reimbursable) \$ _____
- Other travel-related receipts **over \$75.00** \$ _____
- Rental car (reimbursement must be pre-approved) \$ _____

OTHER REIMBURSEABLE EXPENSES:

- Privately-Owned Vehicle (Number of Miles x 36.5 cents) \$ _____
- Parking Fees \$ _____
- Taxis:
 - From Residence to Terminal \$ _____
 - From Terminal to Hotel \$ _____
 - From NIH Campus to Terminal \$ _____
 - From Terminal to Residence \$ _____
 - Other \$ _____
- Tolls \$ _____
- Other miscellaneous expenses \$ _____
(Please describe: _____)

DO NOT CLAIM ANY MEALS FOR REIMBURSEMENT. The amount of Meals and Incidental Expenses (M&IE) reimbursed is set at a fixed rate of \$50.00 per day. You will receive $\frac{3}{4}$ of the M&IE rate for each day you are in travel.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____