

# 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 **0.55** 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 \$69.00 per day while you are on official government business. You will receive  $\frac{3}{4}$  of the M&IE rate for each day you are in travel.

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_