

UNIVERSITY OF CHICAGO

Kavli Institute for Cosmological Physics

5640 S. Ellis Avenue • Chicago, IL • 60637

Phone 773.702.4338 • Fax 773.834.8279

TRAVEL EXPENSE VOUCHER AUTHORIZATION

PLEASE PRINT

This letter serves to authorize submission of an electronic Travel Expense Voucher in my name.

Indicate the following: Employee___ U of C Student___ Visitor___

Traveler's name: _____

Mailing Address: _____

Email Address: _____

Travel to (Destination): _____

Travel from: _____

Dates of travel: _____

Purpose of trip: _____

Please be specific (i.e. conference or workshop name)

Project Name: _____

(i.e. QUIET, SPT, EDGE-Applies to UofC Employees/Students)

I certify that the amounts given herein represent actual business related travel expenses and are in accordance with the current University of Chicago travel policy and procedures. If a copy of a receipt has been provided instead of an original, I further certify that I have not and will not be reimbursed for these expenses from any other source.

Signature of Traveler _____ Date _____

Itemized Travel Expenses

Name (Last, First): _____

Travel Advance Amount Received (if applicable) _____

Please specify if the following amounts are in USD or foreign currency (if foreign specify type)

Airfare _____

Rental car _____

Hotel _____
(Room & tax only - room service should be listed as "meals")

Taxi / Limos _____

Parking _____

Tolls _____

Meals _____
(KICP does not reimburse for alcoholic beverages)

Personal car mileage: (We do not reimburse for gas but rather mileage which includes the cost of gas)

Miles _____ X (current rate 48.5 ¢ per mile) = \$ _____

Conference Registration Fees _____

Other: (please explain)

Please tape (do not staple) all small receipts to an 8-1/2" x 11" sheet of paper so they do not get lost.

Please mail this form along with the original receipts to:
The University of Chicago, Kavli Institute
5640 S. Ellis, LASR 215
Chicago, IL 60637
Attn: Aimee Giles