**URGO Student Travel Budget Expenditure Form for Reimbursements**

***Please let us know if you received any awards for your presentation!***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conference Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please select how you want to obtain your reimbursement check** (checks will typically be issued within 2 weeks)**:**

□ Pick-up at Administrative Accounting Office (SCI 148) OR □ Mailed to address below

Physical address (no campus boxes, please!) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food Expenses:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dates of travel**  | Date:  | Date:  | Date:  | Date:  | Date:  | **Total Food Cost:** |
| **Food cost per day:** |  |  |  |  |  |

**Total Accounting of Grant Money Used** (include all costs paid by you, URGO, & faculty)

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Total Cost**  | **# of receipts** | **Who Paid** |
| Airfare  | $ |  |  |
| Taxi fare (public transportation should be used when available and when more cost effective) | $ |  |  |
| Other Public Transportation (subway, train, etc.) | $ |  |  |
| Car Rental (only if driving to the conference; URGO does not pay for rental cars at the conference site)\_\_\_\_\_ days x $\_\_\_\_ cost per day | $ |  |  |
| Mileage (personal car, not rental)\_\_\_\_ miles x .50 per mile (Augsburg’s reimbursement rate) | $ |  |  |
| Hotel \_\_\_\_nights x $\_\_\_\_ cost per night (URGO pays only for hotel costs related to conference stay; students staying additional nights for personal reasons must cover the costs.) | $ |  |  |
| Registration (copy of registration fee must be turned in with other receipts for reimbursement after conference)  | $ |  |  |
| Total Food Expenses (from table above) | $ |  |  |
| Other (please specify)  | $ |  |  |
| **TOTAL** (Should not add up to more than approved budget) | $ |  |  |

**Please submit to Solveig Mebust (mebusts@augsburg.edu) in the URGO office (Hagfors 101) accompanied by all relevant, itemized receipts.**