



National Sea Grant Law Center

University of Mississippi

Request for Reimbursement of Travel Expenses

Name: _____

Address: _____

Event: _____

Meals and Lodging:*

Date								Totals
Breakfast								
Lunch								
Dinner								
Lodging								

Travel by Personal Vehicle: (Mileage will be reimbursed at current UM rate of .585 cents per mile.)

Date	From	To	Miles

Airfare: _____

Car Rental: _____

Parking: _____

Other: _____

Total Reimbursement Request: _____

** The University of Mississippi will not reimburse for alcoholic beverage purchases. By signing this form, you are attesting that none of the above charges include alcohol purchases.*

Signature: _____

Date: _____