

## **Instructions for FPB Travel Reimbursement**

**from the Center for Research and Scholarship**

1. Complete a **Travel Request Form below**, found either online in Faculty/Staff Forms + Reports or in the CFRS office outside the door of NO204J.
  
2. Complete the form and give to Hollie McGivern in the CFRS RM: NO204J
  
3. The **Travel Request Form** is handed to Dr. Shirley Moore, who will approve the travel and the amount, and the CFRS will forward the information back to the faculty.
  
4. The faculty pays for the expenses upfront and turns in the original receipts after the travel to the CFRS to be processed for reimbursement.
  
5. Please bring all receipts, taped to a blank piece of paper to Hollie McGivern, RM:NO204J. A copy is made for your records and we keep the originals for reimbursement purposes.

**Note:** Some travel can be paid for upfront. Please contact Donna Stewart for more information once you receive travel approval. Her number and e-mail is 368-6331 and [dme4@case.edu](mailto:dme4@case.edu)

*Travel Support Request Form for FPB – Please return to CFRS NO204J*

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

TRAVELER: \_\_\_\_\_

MTG/CONF/EVENT: \_\_\_\_\_

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

LOCATION: \_\_\_\_\_

ESTIMATED COSTS

**\*REGISTRATION INFO**

DESCRIPTION: \_\_\_\_\_ COST \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_ COST \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_ COST \_\_\_\_\_

**\*TRANSPORTATION INFO**

DESCRIPTION: \_\_\_\_\_ COST \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_ COST \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_ COST \_\_\_\_\_

**\*\*MEALS/HOTEL**

DESCRIPTION: \_\_\_\_\_ COST \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_ COST \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_ COST \_\_\_\_\_

**OTHER EXPENSES**

DESCRIPTION: \_\_\_\_\_ COST \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_ COST \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_ COST \_\_\_\_\_

**TOTAL ESTIMATED COSTS:** \_\_\_\_\_

*\*May be paid directly by the university. Please contact Donna Stewart for more information.*

\*\*Per Diem costs are \$48 which is used if a person does not have original receipts. Original itemized receipts are required if the total cost of a meal exceeds the University meal allowance.  
(<http://www.case.edu/finadmin/security/travel/info.htm#meals>)

**APPROVED BY:**  
\_\_\_\_\_  
**PROGRAM DIRECTOR**

**ACCOUNT NUMBER TO BE CHARGED:**  
\_\_\_\_\_

\_\_\_\_\_  
**APPROPRIATE DEAN**

\_\_\_\_\_ % OF SUPPORT OR \_\_\_\_\_ DOLLAR LIMIT