



TRAVEL REIMBURSEMENT FORM

Name: _____

Address: _____

City/State/Zip Code: _____

Departure Date: _____ **Departure Time:** _____

Return Date: _____ **Return Time:** _____

Destination: _____ **Purpose:** _____

EXPENSES:

_____ miles @ .545 = _____ (mileage reimbursement for use of your own car)

Airfare: _____ **Taxi/Shuttle:** _____

Rental vehicle: _____ **Parking:** _____

Meals & Other Expenses:

DATE	AMOUNT	TYPE (Circle one)			
		Breakfast	Lunch	Dinner	Other
		Breakfast	Lunch	Dinner	Other
		Breakfast	Lunch	Dinner	Other
		Breakfast	Lunch	Dinner	Other
		Breakfast	Lunch	Dinner	Other
		Breakfast	Lunch	Dinner	Other
		Breakfast	Lunch	Dinner	Other

TOTAL: _____

Please attach original receipts.

Please send all requests to: Thriving Rural Communities, c/o Idia Piacentini, Duke Divinity School, Duke University, Box 90968, Durham, NC 27708.