



**2025 TRAVEL REIMBURSEMENT FORM – Thriving Rural Communities**

To comply with Duke University and federal regulations you must attach to this form ALL RECEIPTS for all reimbursable expenses. Non-compliance may result in non-reimbursement.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Event Name: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure date and time: \_\_\_\_\_

Return date and time: \_\_\_\_\_

**TRANSPORTATION:**

|                                |                                  |
|--------------------------------|----------------------------------|
| Airfare & Baggage Fees         | \$                               |
| Hotel                          | \$                               |
| Rental Car, Taxi, Subway, etc. | \$                               |
| Fuel (Rental Car only)         | \$                               |
| Tolls                          | \$                               |
| Parking Fees                   | \$                               |
| Mileage (Private Vehicle)      | \$ _____ (_____ of miles x 0.70) |

Mileage Calculation:  
 Enter the total # of miles in the blank space and multiple by 0.70  
 Enter the dollar amount next to the \$ sign in the Mileage box.  
 \* Round the total miles to the nearest whole number.

*For private vehicle mileage, please submit a Google map or equivalent showing distance from point of origin to destination.*

**TRANSPORTATION & LODGING TOTAL \$ \_\_\_\_\_**

**HOSPITALITY:**

|                        | Date | Day | Breakfast | Lunch | Dinner | Total |
|------------------------|------|-----|-----------|-------|--------|-------|
| Meals                  |      |     | \$        | \$    | \$     | \$    |
| Meals                  |      |     | \$        | \$    | \$     | \$    |
| Meals                  |      |     | \$        | \$    | \$     | \$    |
| MISC (please explain): |      |     |           |       |        | \$    |

Please record actual meal expenditure and list meal attendees on the receipt. DO NOT include alcohol expenses, as they cannot be reimbursed.

**HOSPITALITY TOTAL \$ \_\_\_\_\_**

**TOTAL EXPENSES (Transportation, Lodging, & Hospitality) \$ \_\_\_\_\_**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Email completed travel reimbursement form, map and receipts to Shannon Gigliotti: [sgigliotti@div.duke.edu](mailto:sgigliotti@div.duke.edu)  
 or mail to: Thriving Rural Communities, c/o Shannon Gigliotti  
 Duke Divinity School  
 407 Chapel Drive • Duke Box 90968 • Durham, NC 27708

When requesting mileage reimbursement, you must attach a Google map or the equivalent showing the number of miles driven (be sure to make it roundtrip if applicable)

**MAP EXAMPLE: Shows “355 miles” driven**

