



**Duke Divinity School**

**TRAVEL REIMBURSEMENT FORM**

**Full Name** (including middle & maiden name): \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_ **Departure Time:** \_\_\_\_\_

**Return Date:** \_\_\_\_\_ **Return Time:** \_\_\_\_\_

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

**Purpose:** \_\_\_\_\_

**EXPENSES:**

\_\_\_\_\_ miles @ **65.5 ¢ per mile** = \$ \_\_\_\_\_ (mileage reimbursement for use of your own car)

Airfare: \_\_\_\_\_

Rental vehicle: \_\_\_\_\_

Hotel: \_\_\_\_\_

Taxi/Shuttle: \_\_\_\_\_

Parking: \_\_\_\_\_

Meals & Other Expenses:

Names of additional attendees on this expense:	Relationship to you or DDS:

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

**TOTAL:** \_\_\_\_\_

*Please attach original receipts. Please send all requests to: Thriving Rural Communities, c/o Shannon Gigliotti, Duke Divinity School, Duke University, Box 90968, Durham, NC 27708, or [sgigliotti@div.duke.edu](mailto:sgigliotti@div.duke.edu)*