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:

<table>
<thead>
<tr>
<th>DATE</th>
<th>AMOUNT</th>
<th>TYPE</th>
<th>(Circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Breakfast</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Lunch</td>
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<tr>
<td></td>
<td></td>
<td>Dinner</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

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

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