



Travel

Name					
Institution					
Address					
City		State/ Province		Zip/ Postal	
Phone		Email			
Purpose			Dates		
Location					

Expenses

Form of Travel		Cost
Airplane	Round Trip Airfare	<input type="text"/>
Train	Example: AmTrak or MARC	<input type="text"/>
Personal Vehicle	Round Trip Mileage: <input type="text"/>	<input type="text"/>
Lodging		
Single Room Rate	<input type="text"/> days @ <input type="text"/>	per day <input type="text"/>
Meals		
Itemized Receipts		<input type="text"/>
Miscellaneous Expenses		
Parking	Examples: at airport, hotel, vendor location	<input type="text"/>
Ground Transportation	Examples: Shuttle, Subway, Bus, Taxi, etc	<input type="text"/>
Rental Car	Must be approved by ERAPPA Board	<input type="text"/>
Other (list)	<input type="text"/>	<input type="text"/>
Other (list)	<input type="text"/>	<input type="text"/>
Other (list)	<input type="text"/>	<input type="text"/>

All claims will be paid in US dollars

Total Cost Estimate - US\$

Requestor
Signature

Signature	<input type="text"/>	Date	<input type="text"/>
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Make Check Payable to:

For ERAPPA
Use

Check	Date
Amount	Notes

Submit to ERAPPA Treasurer
along with receipts
(original receipts optional).

Michael Dixon
 ERAPPA Treasurer
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 740-816-5730