

AI Lab Travel Reimbursement Request
Use this form to record expenses.

Your Information: Name: _____
Your Email Address: _____

Conference Information:
Name / Location / Dates of Conference: _____
Web Address of Conference: _____
If you presented a paper, Title: _____

Amount Requested for Reimbursement:

Registration: Conference Paid ____ I Paid ____ If you paid, enter amount to the right \$ _____

Airfare: Airline: _____ \$ _____
date/time of departure: _____
date/time of return: _____

Personal Auto: If you drove, check here ____ \$ _____
Miles driven _____ * \$0.375 / mile
Passenger(s): _____

Taxi/Shuttle: date: _____ \$ _____
date: _____ \$ _____
date: _____ \$ _____

Parking/Tolls: date: _____ \$ _____
date: _____ \$ _____
date: _____ \$ _____

Car Rental: City of Rental: _____ \$ _____
Start date _____ End date _____

Stanford University carries insurance coverage for all employees and students who rent a car while on Stanford business. No car insurance - LDW, PEI, PDW, PAI, EPI -will be reimbursed except for international/Hawaii rentals.

\$ _____

Hotel Name: _____

Roommates: _____

Comments (if any): _____

*Actual meals/Per diem may not be combined, please choose one or the other. All per diem rates are subject to change. Also, the amount to be reimbursed will change after per diem amount is applied by Admin.

Indicate Actual Meal _____ or Per Diem _____

Actual Meals Daily Average _____ * _____ days (submit receipts) \$ _____

Per Diem Daily Average _____ * _____ days (submit receipts) \$ _____

To see per diem rates, select below:



Total you are expecting to be reimbursed: \$ _____