

PRECAMBRIAN RESEARCH CENTER
Research Grant Reimbursement Form

Travel

Travelers: _____

Dates: _____ to _____

Location: _____

Purpose: _____

Date	Miles	Rate	Mileage	Lodging ¹	Meals ²	Other ³	Daily Total
		0.25					
		0.25					
		0.25					
		0.25					
		0.25					
		0.25					
		0.25					
		0.25					
		0.25					
		0.25					
		0.25					
Total							

- 1) Attach receipts
- 2) Maximum of \$25/day/person
- 3) Attach receipts and describe expense
 - Date_____ Description _____
 - Date_____ Description _____
 - Date_____ Description _____

Field Supplies (attach receipts)

Description: _____ Cost: _____

Description: _____ Cost: _____

Description: _____ Cost: _____

Description: _____ Cost: _____

Description: _____ Cost: _____

Use back of form for additional costs or information.