

**Luther College Travel Expense Reimbursement Request**  
(Detailed Receipts Required)

Printed Claimant Name: \_\_\_\_\_

Claimant Luther ID #: \_\_\_\_\_

Date Submitted: \_\_\_\_\_


Claimant Address: \_\_\_\_\_

Approver Signature: \_\_\_\_\_

Approver Printed Name: \_\_\_\_\_

Reimbursement to:  
Employee  
Student (check at least one below)  
International student  
Student traveling for own benefit  
Student representing Luther  
Other

Date of Travel	Travel Description (Include business purpose, starting points, and destinations)	Account Number	Meals (A)	Guest Listed on Receipt (B)	12+ Hours or Over Night (C)	Other Travel Expenses (D)	Mileage			Total
							Miles Driven	Rate (E)	Amount to Reimburse	
Faculty Travel Use Only: 10-133-36003-51411 - Project 902 _____		Subtotals (in \$):								

(A) The \$40 daily meal limit should be prorated if meals are provided by a hotel/conference or if the traveler departs from home after 7:00am/arrives home before 7:00pm.  
 (B) If the meals included others, check this box and write the names of all individuals present at the meal on the receipt.  
 (C) If the meal expense was incurred while traveling with an overnight stay or day trip lasting more than 12 hours, check this box.  
 (D) Please enter air travel information for carbon footprint tracking using the [ACUPCC link](#) on the Financial Services website.  
 (E) The internal mileage rate is \$.32 per mile. The current IRS rate can be used only if the traveler did not have access to a Luther fleet vehicle (documentation required).   
**Note:** If travel expenses documented on this report were incurred more than 60 days before the report is processed, then the reimbursement of those expenses will be paid through payroll and reported on your W-2. By signing this document, I agree that the expenses listed above are valid Luther College business expenses in accordance with the terms of the [travel expense policy](#) and understand that expenses incurred more than 60 days before the report is processed by OFS will be recorded as taxable income to me through payroll.

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_