Traveler: Destination: Travel Dates:

## **Student Post-Travel Checklist:**

	Hotel Receipt (on hotel letterhead)								
	Itemized, zero balance, check in/out dates & times Meals or extra expenses noted and subtracted from lodging								
Conference Booklet/Program Indicate provided meals, especially if shown in program									
	Indicate all sessions of attendance/participation								
	Ground Transportation Receipts Must be most reasonable, customary mode of transport; most commonly traveled route								
Mileage Claim									
	Mapquest printout								
	Commute miles deducted								
Times & Locations departed/arrived									
M&IE Claim, if applicable (not all funding sources allow M&IE claims for students) Indicate provided meals and/or changes in depart/return times									
				eals & Incidental Exp	penses				
Receipts Not F	Required, if	using M8	kIE rates.						
DEPART Date:		Date:	Day:		Time:				
RETURN	RETURN Date:			Day:		Time:			
Sunday		onday	Tuesday	Wednesday	Thursday		Friday	Saturday	
В	В		В	В	В		В	В	
L	L		L	L	L		L	L	
D	D	. 1	D	D	D		D	D	
Sunday		onday	Tuesday	Wednesday	Thursday		Friday	Saturday	
B L	B L		В	В	B L		B L	В	
D	D		L D	L D	D		D	L D	
Б	D		В	В	В		В	В	
	_Registr	ation F	Receipt, if not s	submitted with Pre	-Travel Do	cumenta	ntion		
	_Airfare	Recei	pt and Ticket	Number, if not	submitted	with Pre	-Travel Docun	nentation	
Post-Travel Summary/Thank-You Letter to Funding Sources, if applicable									
Memos of Explanation/Justification for any Exceptions to Policy									