



Expense Reimbursement Form

Participant _____
TEI Group _____

Travel

Beginning Destination _____
Date and Time _____
Ending Destination _____
Date and Time _____
Mileage Reimbursement: Miles Traveled _____
License Plate State and Number _____
Airfare \$ _____ (Please attach receipts) Taxi \$ _____ (Please attach receipts) Parking \$ _____ (Please attach receipts)

Meals and Lodging

Meals Expense \$ _____ (Please attach receipts) Lodging Expense \$ _____ (Please attach receipts)

Other Expenses

P-12 Substitute Expense \$ _____ Date _____
P-12 Teacher Stipend \$ _____ Date _____
UW Faculty Overload Stipend \$ _____ Semester/Term _____
UW Faculty Release Adjunct Backfill \$ _____ Semester/Term _____
UW Faculty Release Grad Asst. Backfill \$ _____ Semester/Term _____
UW Faculty Research/PD \$ _____ Semester/Term _____

Payment Information

Payee _____
Mailing Address _____
City, State, Zip _____
Phone Number _____

Signature _____ **Date** _____