



# Travel Reimbursement Form

Date \_\_\_\_\_

Send Check to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Reason for Travel \_\_\_\_\_

City/State of Destination \_\_\_\_\_

I have submitted a reimbursement request for some or more of the expenses on this trip to a source other than IGERT. Yes \_\_\_\_\_  
No \_\_\_\_\_

If yes, attach copies of the request and any correspondence to and from the alternate funding source.

\_\_\_\_\_  
Trainee Signature Date

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Return this completed form with receipts to 162A FPAT.  
Questions? Email [igert@engr.uky.edu](mailto:igert@engr.uky.edu)