



Travel

Name					
Institution					
Address					
City		State/ Province		Zip/ Postal	
Phone		Email			
Purpose			Dates		
Location					

Expenses

Form of Travel		Cost
Airplane	Round Trip Airfare	<input type="text"/>
Train	Example: AmTrak or MARC	<input type="text"/>
Personal Vehicle	Round Trip Mileage: <input type="text"/>	<input type="text"/>
Lodging		
Single Room Rate	<input type="text"/> days @ <input type="text"/>	per day <input type="text"/>
Meals		
Itemized Receipts	<input type="text"/>	
Miscellaneous Expenses		
Parking	Examples: at airport, hotel, vendor location	<input type="text"/>
Ground Transportation	Examples: Shuttle, Subway, Bus, Taxi, etc	<input type="text"/>
Rental Car	Must be approved by ERAPPA Board	<input type="text"/>
Other (list)	<input type="text"/>	<input type="text"/>
Other (list)	<input type="text"/>	<input type="text"/>
Other (list)	<input type="text"/>	<input type="text"/>

All claims will be paid in US dollars

**Total Cost Estimate - US\$**

Requestor  
Signature

Signature	<input type="text"/>	Date	<input type="text"/>
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Make Check Payable to:

For ERAPPA  
Use

Check	Date
Amount	<b>NOT FOR MOBILE USE</b>

Submit to ERAPPA Treasurer  
along with receipts  
(original receipts optional).

**Michael Dixon**  
ERAPPA Treasurer  
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