

**UNIVERSITY OF CHICAGO**

**Kavli Institute for Cosmological Physics**

5640 S. Ellis Avenue • Chicago, IL • 60637  
Phone 773.702.4338 • Fax 773.834.8279

**TRAVEL EXPENSE VOUCHER AUTHORIZATION**

**PLEASE PRINT**

This letter serves to authorize submission of an electronic Travel Expense Voucher in my name.

Indicate the following:      Employee\_\_\_      U of C Student\_\_\_      Visitor\_\_\_

Traveler's name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Travel to (Destination): \_\_\_\_\_

Travel from: \_\_\_\_\_

Dates of travel: \_\_\_\_\_

Purpose of trip: \_\_\_\_\_  
*Please be specific (i.e. conference or workshop name)*

Project Name: \_\_\_\_\_  
*(i.e. QUIET, SPT, EDGE- Applies to UofC Employees/Students)*

I certify that the amounts given herein represent actual business related travel expenses and are in accordance with the current University of Chicago travel policy and procedures. If a copy of a receipt has been provided instead of an original, I further certify that I have not and will not be reimbursed for these expenses from any other source.

Signature of Traveler \_\_\_\_\_ Date \_\_\_\_\_

## Itemized Travel Expenses

Name (Last, First): \_\_\_\_\_

Travel Advance Amount Received (if applicable) \_\_\_\_\_

Please specify if the following amounts are in USD or foreign currency (if foreign specify type)

Airfare \_\_\_\_\_

Rental car \_\_\_\_\_

Hotel \_\_\_\_\_  
(Room & tax only - room service should be listed as "meals")

Taxi / Limos \_\_\_\_\_

Parking \_\_\_\_\_

Tolls \_\_\_\_\_

Meals \_\_\_\_\_  
(KICP does not reimburse for alcoholic beverages)

Personal car mileage: (We do not reimburse for gas but rather mileage which includes the cost of gas)

Miles \_\_\_\_\_ X (current rate 48.5 ¢ per mile) = \$ \_\_\_\_\_

Conference Registration Fees \_\_\_\_\_

Other: (please explain)

\_\_\_\_\_  
\_\_\_\_\_

**Please tape (do not staple) all small receipts to an 8-1/2" x 11" sheet of paper so they do not get lost.**

Please mail this form along with the original receipts to:  
**The University of Chicago, Kavli Institute**  
**5640 S. Ellis, LASR 215**  
**Chicago, IL 60637**  
**Attn: Aimee Giles**