# TRAVEL REIMBURSEMENT FORM

## Name of Individual or Institution to Be Reimbursed:

<table>
<thead>
<tr>
<th>Social Security # (US citizen only):</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Citizen</td>
</tr>
</tbody>
</table>

## Address:
(Individuals must provide HOME address):

<table>
<thead>
<tr>
<th>Yes</th>
<th>NO</th>
</tr>
</thead>
</table>

## Country of Citizenship

<table>
<thead>
<tr>
<th>Visa Type (B-1, B-2, WB, WT, etc)</th>
</tr>
</thead>
</table>

Failure to provide ITEMIZED receipts for ALL MEALS including hotel room service will delay payment.

**Any receipts containing alcohol will NOT be reimbursed.**

## Contact Phone Number:

If you are requesting payment in currency other than US dollars please complete section below. PRINT NEATLY OR TYPE

## Currency

### Return as Directed Below

**Email Questions To: chavi.admin@mc.duke.edu**

**Mail Form and ORIGINAL ITEMIZED receipts to:**

Human Vaccine Institute
Duke University Medical Center
DUMC 103020
Durham, North Carolina 27710

Attn: Finance/Reimbursements

## Banking Details

- **Swift/BIC Code:**
- **IBAN Number:**
- **Bank Name:**
- **Bank Address:**
- **Account Name:**
- **Account Number:**

## Affiliate Institution:

## Affiliate Investigator Name:

## Meeting Name/Purpose of Travel:

<table>
<thead>
<tr>
<th>Dates of Travel: Begin:</th>
<th>End:</th>
<th># of days:</th>
</tr>
</thead>
</table>

## Reimbursement from Actual ITEMIZED Receipts

<table>
<thead>
<tr>
<th>Date</th>
<th>Lodging</th>
<th>Meals</th>
<th>Taxi, Parking, Tolls</th>
<th>Misc Expense</th>
</tr>
</thead>
</table>

## Totals

Traveler Signature: ___________________________ Date: ___________________

[Complete TRAVEL REIMBURSEMENT FORM details here, including tables, contact information, and any additional instructions.]

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[Detailed instructions and guidelines for completing the form, including verification of receipts and supporting documentation.]