

TRAVEL REIMBURSEMENT FORM

Name of Individual or Institution to be Reimbursed:	Social Security # (US citizen only):			
	US Citizen		Non-Resident Alien	
Address: (Individuals must provide HOME address):	Yes	NO	Yes	NO
	Country of Citizenship		Visa Type (B-1, B-2, WB, WT, etc)	
	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:	
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If you are requesting payment in currency other than US dollars please complete section below. PRINT NEATLY OR TYPE	Currency	Return as Directed Below
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BANKING DETAILS		Email Questions To: chavi.admin@mc.duke.edu
Swift/BIC Code:	___ USD	
IBAN Number:	___ Other	
Bank Name:	If other write currency	Mail Form and ORIGINAL ITEMIZED receipts to:
Bank Address:	type below	Human Vaccine Institute Duke University Medical Center DUMC 103020 Durham , North Carolina 27710 Attn: Finance/Reimbursements
Account Name:	_____	
Account Number:		

Affiliate Institution:	
Affiliate Investigator Name:	
Meeting Name/Purpose of Travel:	

Dates of Travel: Begin:	End:	# of days:
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Reimbursement from Actual ITEMIZED Receipts				
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Date	Lodging	Meals	Taxi, Parking, Tolls	Misc Expense
TOTALS				

Traveler Signature: _____	Date: _____
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