**INSTITUTION LETTERHEAD HERE (required)**

Karen Snover-Clift

Cornell University-School of Integrative Plant Sciences

Plant Pathology & Plant-Microbe Biology

324 Plant Science Bldg.

Ithaca, NY 14853

Phone: 607-227-0397

mm/dd/yyyy

Dear Karen,

The purpose of this letter is to request travel expense reimbursement for (name of participant) of (University/Institution name here) for attendance at the MFIT Workshop in Beltsville, Maryland on (dates of workshop). The travel expenses incurred are listed below. Meals were calculated using the current per diem rate for Beltsville, Maryland; the location of the participant’s lodging. The per diem rate was calculated using 75% for travel days and 80% for workshop days because while on site, breakfast was provided by the hotel.

Sincerely,

Submitter’s name

Submitter’s Title

Submitter’s Street Address

Submitter’s City, State and Zip code

Submitter’s Phone Number

Check should be made payable to: **NAME OF University or Institution**

Referencing: **NPDN-MFIT Workshop-Travel Expense Reimbursement for YOUR NAME**

For attending: The **MFIT Workshop on date range**

Send reimbursement check to: **Contact Person Name**

**Department of Plant Pathology**

**123 Street Address**

**City, State, zipcode**

Reimbursement Expenses:

Airfare: (Name of airline) $xxx.xx

Rental Car: (Name of provider) $xxx.xx

Fuel for Rental Car: (Business name) $xxx.xx

Lodging: (Name of hotel and location) $xxx.xx

Mileage: (\_\_\_) miles @ **$0.665**/mile $xxx.xx

Meals: Per diem $xxx.xx

Parking: (Description (e.g. airport parking) $xxx.xx

Tolls: (Description/explanation) $xxx.xx

Baggage fees: (Name of airline) $xxx.xx

Other fees: (Description) $xxx.xx

**Total $xxx.xx**