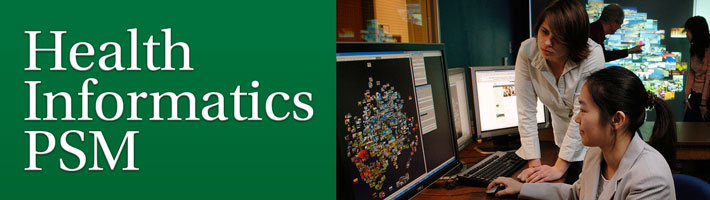
**TRAVEL SETTLEMENT**



**FORM**

T*he Health Informatics Travel Settlement must be turned in within* ***two weeks*** *of your return. This form is only to be used for approved travel funding received from the Health Informatics Finance Committee. Please contact Joshua Hertel, Program Director,*

*( [jhertel@uncc.edu](mailto:jhertel@uncc.edu) ) if you need any assistance with filling out this form.*

**INSTRUCTIONS:**

*\*only complete the sections you are requesting reimbursement for*

**A. Transportation:** Indicate what form of transportation taken. Receipts are required for

airfare, shuttle, parking, train tickets, taxi, gas (vehicle rental only), and rentals. For

mileage reimbursement, attach a MapQuest printout from UNC Charlotte to your

destination. Mileage will be funded at $.56 per mile. Mileage will not be funded to the

local airports or train station.

**B. Lodging:** Indicate how many nights you paid for, per night and taxes paid. Lodging will only be funded at the state rates of $65.90 (in state) and $77.90 (out of state) plus any taxes. Travelers that split rooms must have receipts showing the amount paid by each.

**C. Registration:** Indicate amount paid for registration. If you presented at the conference, attach proof of your presentation. Without proof, attending approval amount will be applied.

**D. Meals:** Indicate how many meals you are submitting receipts for. Attach receipts for each meal. Receipts need to show what was ordered and payment details. Meals will not be funded without these itemized receipts. No alcohol will be reimbursed. Meals in home city will not be funded. SAFC meal per diems will be followed:

In state Out of state

Breakfast - $8.20 Breakfast - $8.20

Lunch - $10.70 Lunch - $10.70

Dinner - $18.40 Dinner - $20.90

**E. Other Funding:** Indicated whether your travel is being paid by other sources, contact

information, what is funded and how much you are receiving.

**F. Traveler Signature:** Sign, date and turn in all necessary receipts and the attached

evaluation form.

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**HEALTH INFORMATICS TRAVEL SETTLEMENT**

This form MUST be completed and returned within two weeks of the conclusion of your meeting or conference. ORIGINAL receipts MUST accompany this form.

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(include type of presentation and conference name)

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A. Transportation Costs:**

Air/Train/Bus Fare: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parking/Taxi/Shuttle Fare: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rental Car/Gas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Vehicle (mileage): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [mileage will funded at current rate]

**Office Use Only – Total**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. Lodging:**

Number of nights in hotel: \_\_\_\_

Hotel rate per night: \_\_\_\_\_\_\_\_\_\_ Taxes per night: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only – Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**C. Registration Fee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. Meals**

Number of Meals to be claimed:

Breakfast: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lunch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dinner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only – Total:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E. Other Funding:**

Is your participation supported by other sources? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which expenses are being reimbursed by other sources? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only- Total Eligible (a + b + c + d):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Approved**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F. Student’s Pledge**

I have read, understand, and agree to abide by the regulations governing the allocation and use of Health Informatics travel funds. I understand that if original receipts do not arrive at the Program Directors office, I cannot be reimbursed by Health Informatics. I also agree to return any funds over-allocated to me by the Health Informatics Department.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**G. Program Director Approval**

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

Return completed forms accompanied by the appropriate original receipts

and Travel Evaluation to:

Joshua Hertel, Program Director

Denny 212

[jhertel@uncc.edu](mailto:jhertel@uncc.edu)

**HEALTH INFORMATICS TRAVEL EVALUATION FORM**

This evaluation form is for graduate students who have received travel funding from the Department of Health Informatics. This evaluation should be submitted to the Program Director within two weeks of the

date of return.

**Name of Graduate Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Traveler Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date **Submitted: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_**

**Name of Conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Conference Dates: \_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_ to \_\_\_\_\_ /\_\_\_\_\_\_ / \_\_\_\_\_ attended** 􀀀**presented** 􀀀

**Conference Location (City, State): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount allocated by HI: $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Amount used by traveler: $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many UNC Charlotte students (if any) attended this conference? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please summarize the activities involved with the travel:**

**Was the travel beneficial? How?**

**How does this travel benefit the entire UNC Charlotte student community?**

The information submitted above is accurate to the best of my knowledge. I understand that my student organization could be penalized should the information above be found to be fabricated or untrue.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

Traveler’s Signature Date