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**TRAVEL EXPENSE FORM FOR VISITORS TO CIS DEPT.**

Name (in full): \_\_\_\_\_ Date \_\_\_\_\_

Mailing address:  
(For reimbursement) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

U.S. Citizen Y or N \_\_\_\_\_ Social Security Number \_\_\_\_\_

If No, list visa type \_\_\_\_\_ Visa type \_\_\_\_\_  
UDW-8 form is required for non-citizens

**List of Expenses: ORIGINAL RECEIPTS REQUIRED**

Roundtrip miles by car \_\_\_\_\_  
Airfare/Railfare (include boarding passes) \_\_\_\_\_  
Bus/Taxi/Shuttle \_\_\_\_\_  
Meals: (must provide detailed receipts)  
Breakfast \_\_\_\_\_  
Lunch \_\_\_\_\_  
Dinner \_\_\_\_\_  
Hotel costs paid by traveler \_\_\_\_\_  
Parking/tolls \_\_\_\_\_  
Other \_\_\_\_\_  
**TOTAL:** \_\_\_\_\_

Purpose of reimbursement: \_\_\_\_\_  
i.e. seminar speaker, colloquium, research collaborator

Name of faculty host: \_\_\_\_\_

Please complete this form and return it to V. Cherry at the address listed above and attach all **original receipts**. Thank you.