### DUDUHSG MISCELLANEOUS REIMBURSEMENT FORM (for Employees & Students)

#### A. GENERAL INFORMATION
- **1.** IS THE BENEFICIARY OF THIS PAYMENT A NON-RESIDENT ALIEN?
  - **YES** if yes, attach the required forms.
  - **NO**

#### B. DISTRIBUTION OF CHARGES
- **2.** Duke Unique ID
- **3.** Enter your Name: First Name, Middle Initial, and Last Name
- **4.** Enter: University Scholars Program Mentor Meeting
- **5.** Enter your permanent address here
- **6.** Check appropriate box below:
  - X Registered Student

#### C. DAILY EXPENSES
- **1.** Date
- **2.** Reason
  - DON’T NEED TO FILL IN THIS SECTION
- **3.** Day/Location

### Mileage Reimbursement
- **# of Miles:**
- **Cost Object:**
- **Cost Indicator:**
- **Cost Center:**
- **Cost Share:**
- **Cost Share %:**

### TOTAL DAILY CHARGES
- **For Entertainment/Business Meetings** (please provide the names of persons attending, their business relationship to Duke, and the business purpose)
  - **12.** Enter: USP Mentor Meeting with **YOUR NAME** and **NAMES OF OTHER UNIVERSITY SCHOLARS** present

### D. REIMBURSABLE EXPENSES
- **Reimbursement of travel expenses**
  - **Prepared By:**
    - **Print Name:**
    - **Phone #:**
  - **Total Reimbursable Expenses:**
    - **Less excess of departmental allocation or amount reimbursed by non-Duke sources:**

### EMPLOYEE TRAVEL & REIMBURSEMENTS, BOX 30144 DURHAM NC 27708
- **15.** Date
- **16.** Victoria A. Lodewick
- **17.** Director, USP

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_Hooray! You're done! Now SAVE for your records (you can reuse the form later and just change the receipt amounts and dates, saving time for future reimbursements). SEND a copy to me with JPG or PDF of receipt(s). I’ll sign, date, and submit it._