



National Institute of Statistical Sciences
PO Box 14006, Research Triangle Park, NC 27709-4006
Tel: 919.685.9300 FAX: 919.685.9310
www.niss.org

Travel Reimbursement Policy and Instructions January 2012

This document describes basic NISS policies and procedures for travel reimbursement. Travelers should be aware that additional restrictions (for example, use of US flag carriers) may apply to travel funded by federal grants and contracts.

1. **Air Travel.** Travelers are expected to exert reasonable effort to secure cost-effective fares. Only coach air fares will be reimbursed.
2. **Per Diem.** The maximum per diem rate is \$57, to cover meals and incidental expenses, broken down as follows:

Breakfast	\$12.00
Lunch	\$15.00
Dinner	\$30.00

Claimed per diem amounts must be adjusted for meals provided at NISS events or paid for by others (e.g., meals included in conference registration fees).

3. **Use of Personal Automobiles.** Use of personal automobile is reimbursable at the rate of 55.5 cents per mile for authorized travel.
4. **Exclusions.** Items for which reimbursement is not permitted include:
 - Virtually without exception, personal expenses incurred while on travel. Examples are laundry and telephone calls for purposes other than NISS business.
 - Entertainment expenses (e.g., in-room movies at hotels) and alcoholic beverages.
 - Use of personal cars within the Research Triangle area, even to drive to the airport for out-of-town travel.
 - Avoidable added expenses (e.g., late fees for conference registrations, and even failure to make use of early registration deadlines).
5. **Expense Forms and Reimbursement.** Requests for reimbursement must be made on NISS forms, which must be signed. Original receipts for transportation (for items in excess of \$35) and lodging must be included with the expense report. NISS reserves the right to adjust expense reports that do not comply with the travel reimbursement policy.

Event: _____

Your Organization: _____

**National Institute of Statistical Sciences
Expense Report**

Name: _____

Address: _____

Period Covered: _____

FROM

TO

Date Prepared: _____

Submit All Original Receipts

Date	From	To	Airfare/Auto Mileage/Taxi	Lodging	Meals/Per Diem	Misc. Expenses	Total Expenses
Purpose of Trip / Expense (Must be filled in):					TOTAL EXPENSES	\$	
					Your Signature and Date in the box above		
					NISS Approval Signature/Date		
					Acct. Code		