

# FACULTY & STAFF REIMBURSEMENT REQUEST

Please place this cover sheet and all required supporting documents in a sealed envelope so items do not get lost/separated.

NAME \_\_\_\_\_ EmployeeID# \_\_\_\_\_

## TRAVEL REIMBURSEMENT

\*Travel Authorizations must be on file in order to seek reimbursement for expenses.\*

\*Per UA Policy, Travel Authorizations must be completed 30 days PRIOR to departure.

Travel Worksheets are available on the SGPP Resources Website

**This form has multiple sections to ensure that all potential aspects of travel are addressed.**

**Please complete all applicable sections.**

### SECTION TRAVEL & LODGING

Mode of Travel (rental/personal vehicle, airplane, etc.) \_\_\_\_\_

Date & Location of Departure \_\_\_\_\_

Date & Location of Destination \_\_\_\_\_

Date & Location of Return \_\_\_\_\_

\*If you plan multiple business or personal stops during one trip, please provide details in the notes below.

Business Purpose for Expense (Conference/ Workshop/ Speaking Invitation)





**SECTION 4: OTHER** (Use multiple sheets if needed)

If you have used a taxi, Uber, metro, etc. or purchased items related to your business purpose of your travel, include that information here.

- 1. Identify item to be reimbursed: \_\_\_\_\_  
Business purpose for purchase: \_\_\_\_\_  
Total Amount of Purchase: \_\_\_\_\_  
Account to process payment (if known) \_\_\_\_\_
  
- 2. Identify item to be reimbursed: \_\_\_\_\_  
Business purpose for purchase: \_\_\_\_\_  
Total Amount of Purchase: \_\_\_\_\_  
Account to process payment (if known) \_\_\_\_\_
  
- 3. Identify item to be reimbursed: \_\_\_\_\_  
Business purpose for purchase: \_\_\_\_\_  
Total Amount of Purchase: \_\_\_\_\_  
Account to process payment (if known) \_\_\_\_\_
  
- 4. Identify item to be reimbursed: \_\_\_\_\_  
Business purpose for purchase: \_\_\_\_\_  
Total Amount of Purchase: \_\_\_\_\_  
Account to process payment (if known) \_\_\_\_\_

**Supporting Documents Required**

- x Original Receipts for each item being reimbursed (Food and drink items identified by name, last four digits of credit card need to be noted)

**Notes for Reimbursement Processer**

