For Office Use Only	Staff Initials:	Completed Date:	
Travel Authorization #	Travel Registry # (i	f Applicable): DV <u>#</u>	
		CIAL & BEHAVIGRAILS CONCESS	

## 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 contele 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 (ental/personal vehicle, airplanetc.)

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

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

Date & Location of Return

\*If you plan multiple business or personal stops during one trip, please robettails in the notes below. Business Purpose for Expense (Conference/Wdrks/Speaking Invitation)

(if known) \_\_\_\_\_

Supporting Documents Requiredor TRAVEL

- x Original Receipts for for an approximation last four digits of credit card need to be noted
- x Conference Flyer/ Invitation/ Agenda related to business purpose
- x Copy of Conference Program main page, that includes dates and location of events



 $\begin{array}{c} \underline{\textbf{SECTION 2: MILEAGE REIMBURSEM}} \\ \check{\textbf{S}} \ddagger & -\bullet \ddagger \bullet \ \hat{\textbf{i}} & `` & \check{\textbf{Z}} \ddagger & f & `\bullet \ i & f & -\check{\textbf{S}} \ddagger & `\hat{\textbf{i}} & \cdots & \texttt{fgr} \\ \check{\textbf{Z}} eimb \texttt{fir} \\ \check{\textbf{Z}$ 

## SECTION 4: OTHE Rese multiple sheets if needed

If you have used a taxi, Uber, metroetc. or purchaseditems related to yourbusinesspurpose of your travel, include that information here.

1.	Identify item to be reimbursed:
	Business purpose for purchase:
	Total Amount of Purchase:
	Account to process paymen(if known)
2.	Identify item to be reimbursed:
	Businesspurpose 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 processpayment (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 Receiptsor each item being reimburse(bood and drink items identified by name) ast four digits of credit card need to be noted

Notes for Reimbursement Processer

