For Office Use Only	Staff Initials:	_ Completed Date:
Travel Authorization #	Travel Registry # (if Applicable)	:DV#



## **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	Employee ID#	
MILEAGE REIMBURSEMENT		
*The UA uses 'Google Maps' as the official calculations for mileage for reimbursement (\$.445 per mile).*  *Exact addresses for departure and final destination are required.*  *Reimbursement is allowable for mileage OR gas reimbursement, but not both.*		
Date & Address of Departure (if you departed	d from home, please use this address)	
Date & Location of Destination		
Business Purpose for Expense (Conference/ Workshop/ Speaking Invitation)		
Website hyperlink for Business purpose (Conference/ Workshop/ Speaking Invitation)		
Account to process payment from (if known)		

## **Supporting Documents Required**

- Conference Flyer/ Invitation/ Agenda related to business purpose
- Provide a printed Google Map from the point of departure to the destination (addresses must be noted on Google Printout)

**Notes for Reimbursement Processer** 

