

For Office Use Only

Staff Initials: _____ Completed Date: _____

Travel Authorization # _____ Travel Registry # (if Applicable): _____ DV# _____

SGPP 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 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 Processor

