

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# _____

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 1: 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 note details in the notes below.***

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

Website hyperlink for Business purpose (Conference/ Workshop/ Speaking Invitation)

Location/Address of Lodging _____

Airfare/Car Rental Total: \$ _____ Hotel/Lodging Total: \$ _____

Account to process payment (if known) _____

Supporting Documents Required for TRAVEL

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

Notes for Reimbursement Processor



SECTION 2: MILEAGE REIMBURSEMENT (If using personal vehicle for travel)

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 home 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)

SECTION 3: Per Diem or Meal/Expense Reimbursement

Reimbursement is allowable for Per Diem OR meal reimbursement, but not both.

PER DIEM: For Per Diem reimbursement, Accountant will utilize the current Per Diem Rates (<https://policy.fso.arizona.edu/fsm/1400/1471>) to determine reimbursement.

Are you claiming Per Diem for all expenses related to this trip (Yes/No): _____

Destination City/State/County for Per Diem claim: _____

MEAL REIMBURSEMENT (combine all original receipts for this sections):

Total Amount of Food & Non-Alcoholic Beverages (+ >20% tip) _____

Account to process payment (if known) _____

Supporting Documents Required

- Original Receipts for **ALL** meals to be reimbursed (food and drink items identified by name)- last four digits of credit card need to be noted
- List of attendees and their affiliations for business meals being reimbursed

Notes:

- Alcohol will not be reimbursed without prior dept. authorization. **ALCOHOL RECEIPTS** should be separated from food receipts, whenever possible.
- Tip amounts that exceed 20% cannot be reimbursed

Notes for Reimbursement Processor



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) _____

5. Identify item to be reimbursed: _____
Business purpose for purchase: _____
Total Amount of Purchase: _____
Account to process payment (if known) _____

6. Identify item to be reimbursed: _____
Business purpose for purchase: _____
Total Amount of Purchase: _____
Account to process payment (if known) _____

Supporting Documents Required

- *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 Processor

