THE UNIVERSITY OF ARIZONA
COLLEGE OF SOCIAL & BEHAVIORAL SCIENCES
School of Government & Public Policy

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*

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*

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
- *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