



**SECTION ONE IS REQUIRED**

Travel reimbursement assistance is available through the department administrative office. The traveler/requester should complete the checklist below and provide **ALL REQUIRED** documentation when requesting reimbursement. Missing documentation is the responsibility of the traveler/requester. *If ALL receipts are received electronically, please forward completed form and receipts to [envs-biz@email.arizona.edu](mailto:envs-biz@email.arizona.edu).*

**IF THIS CHECKLIST IS FOR A NON-EMPLOYEE, SEE ADDRESS REQUIREMENT ON LAST PAGE**

Name of Requesting Faculty/Staff: <input type="text"/>	EmpID: <input type="text"/>	Acct # to charge <input type="text"/>	Travel for (Check one): <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> *Foreign			TA#-(if known) <input type="text"/>
Purpose of Trip: <input type="text"/>		Location (City, State): <input type="text"/>	Departure Date: <input type="text"/>	Return Date: <input type="text"/>	If this travel includes personal days, please put dates on Page 2. Must provide flight comparison for business period only.	
Designated Lodging (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No Was the room shared with anyone? (If yes, please list this individual, their affiliation to UA, reason for travel, and if they paid anything toward the expenses in the space below) <input type="text"/>						

**SECTION TWO Documentation Required for Travel Reimbursement Assistance**

**Air Travel:**

- Documentation (such as e-ticket) and itinerary showing **proof of payment**.
- Any change fees or additional charges must have a valid business purpose. Explanation and supporting documentation must be submitted, this includes **proof of payment**.
- Baggage checked. Original receipts or **redacted** credit card statement showing **proof of payment** must be included.

**Ground Transportation:**

- FOR DOMESTIC TRAVEL:** Receipts **REQUIRED** for **ALL** non-mass transit, parking; actual amounts for mass transit i.e.,tolls, trains, bus **FOR INTERNATIONAL TRAVEL:** Original receipts for all ground transportation
- Mileage - specify starting point and destination. Document with Goggle Maps, MapQuest or equivalent. If odometer, provide on Page 2.
- Final itemized car rental showing **proof of payment**.
- GAS: Original itemized gas receipts (showing number of gallons and price per gallon)

**Lodging Documentation:**

- Final itemized hotel bill showing all hotel charge details with a **\$0.00 balance** and **proof of payment**.
- For designated hotels, a copy of page listing "designated hotel for conference/meeting with designated hotel rate" must be included to receive special hotel rate.

**Business/Conference Related Meals:**

Meals are reimbursement limits for actual costs incurred, not per diems or fixed allowances. If claiming meal reimbursement, do NOT need receipts.

Check all meals provided as part of the conference/meeting. You may be reimbursed for other meals according to UA policy. Additional days on Page 3

Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>
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**Registration Reimbursement:**

- Copy of completed conference or meeting registration form showing ***proof of payment***.
- Copy of conference or meeting program/agenda noting if meals are included in the event.

Was a P-Card used for payment of any of these travel expenses? YES      NO      If yes, please remove expense from this form and submit on PCard Authorization Form.

**Please add any comments/information that will help with reimbursement of your expenses. Provide odometer readings here.**

If these expenses are requested for a non-employee(s), such as a student(s), please provide the address for the student(s) so that the business office can create a vendor status for payment. Failure to provide addresses will result in reimbursement delays while the PI collects this information and sends it to the business office. Add an additional page if necessary.

Submitted by: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**Business/Conference Related Meals:**

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Check all meals provided as part of the conference/meeting. You may be reimbursed for other meals according to UA policy.

Date:	Date:	Date:	Date:	Date:	Date:	Date:
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