THE UNIVERSITY OF ARIZONA®

TRAVEL EXPENSE REPORT

UAccess Financials eDoc #:

Originating Travel Authorization # Required

TRAVEL AUTHORIZATION:

☐ Partial ☐ Final

Date:

TRAVELER & DEPARTMENT INFORMATION

NAME	DEPARTMENT NAME	DEPARTMENT NO.	DEPARTMENT PO BOX
EMPLID	ROOM NUMBER	CONTACT NAME/TITLE	PHONE NUMBER

TRAVEL ORDER

BUSINESS PURPOSE OF TRIP (include destination):   ☐ IN-STATE ☐ OUT-OF-STATE ☐ FOREIGN

CONFERENCE DATES/TIMES   DUTY POST   DESIGNATED LODGING: ☐ YES ☐ NO

EMPLOYEE TRAVEL EXPENSE CLAIM

Date	Time of Depart	Time of Arrive	Description/Destination (include type of transportation)	Odometer Start	Odometer End	Map/Total Miles	Amount	Meals	Lodging	Transportation	Exchange Rate
		Totals:					**A**	**B**	**C**	**D**	

MISCELLANEOUS EXPENSES

Expense Description /Purpose / Attendees	Object Code	Amount
Total Miscellaneous		**E**

FUNDING

NOTES:

TOTAL EXPENSES (A+B+C+D+E)	
Less Traveler Advance	
Traveler Repayment (-) OR Traveler Balance Due (+)	

SIGNATURE

I HEREBY CERTIFY THAT ALL ITEMS OF EXPENSE INCLUDED IN THE ABOVE AMOUNT WERE NECESSARY IN DISCHARGING THE OFFICIAL BUSINESS OF THE STATE; THE DISTANCES HAVE BEEN ACTUALLY TRAVELED ON THE DATES SPECIFIED; NO PART OF THE ACCOUNT HAS BEEN PAID BY THE STATE OF ARIZONA AND NO CLAIM AGAINST THE STATE HAS BEEN MADE FOR ANY PART THEREOF, BUT THE FULL AMOUNT IS DUE AND UNPAID; AND I DECLARE, UNDER PENALTIES OF PERJURY THAT THIS CLAIM HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE, CORRECT AND I ATTEST THAT I HAVE NOT BEEN PREVIOUSLY REIMBURSED FOR THESE EXPENSES NOR HAVE THEY BEEN PAID FOR BY THE UA PCARD. I HEREBY ASSIGN THE WITHIN STATE CLAIM TO THE UNIVERSITY OF ARIZONA AND AUTHORIZE THE ASSISTANT DIRECTOR FOR FINANCE TO ISSUE THIS REIMBURSEMENT ACCORDINGLY.

CLAIMANT SIGNATURE	**DATE**

PLEASE USE COLORED INK FOR SIGNATURES SO THAT ORIGINALS CAN BE DISTINGUISHED FROM PHOTOCOPIES

Please forward completed form to: **FSO-Operations, Travel Office, PO BOX 210158 USB 402**