TRAVEL REIMBURSEMENT

TRA	VELER NAN	ΛE:	TODAY'S DATE:						
EV	ENT NAME/	REASON FOR	TRAVEL:						
LO	CATION:			TRA	/EL AUTHOF	RIZATION #:			
DE	PARTURE:	DATE	TIME	AM/PM	RETURN:	DATE	TIME	AM/PM	
			RE	QUIRED DOCU	MENTATIC	N			
	EMPLO	YEE STATE ID a	and B NUMBER						
	PROPE	R TRAVELER M	IAILING ADDRESS						
	SIGNAT	-	ture and Authorized Signa	ature					
	FOAPAI		ture and Admonized Signa	ature					
		FOAPAL on Rei	imbursement must matcl	h FOPAL on Travel A	Authorization				
	TOTALS	-	nount (4), Expended Amo	unt (19) and Grand	Total must m	natch.			
	COPY O	COPY OF TRAVEL APPROVED AUTHORIZATION FORM # All travel must be approved via a travel authorization form and have a valid Senior Level signature.							
	COPY C	F TRAVEL ADV	/ANCE (if applicable)						
	COPY C	F EXCEPTION	TO POLICY (if applicab	le)					
	COPY O		EDULE/POSTER/PROGE vent and your participation		original progra	am or a copy	from the conference website.		
	ALL DE		_				nce, shows charge to credit card	on receipt.	
	AIRFAR	If traveled by a	RARY or BOARDING PA air, must include original l show charges and credit parding passes and receip	boarding passes AN card payment with	last 4 digits	of card.	harge to credit card. ectly to UConn Health through Sa	nditz.	
	MILEAC		GLE/MAPQUEST DIRECT was used, a print-out of Work -Ho			reimburse m - Total Miles			
	COPY C	Statement sho	D STATEMENT: build include Traveler's naiderelated to the reimburse		_		mber.		
	DEPART	TURE/ARRIVAL Times should I	L TIMES: be to/from home, unless	actual departure/	arrival is work	k station.			
	PER DIE	EM CHARTS FO	OR HOTEL AND MEALS	(if applicable)					
	PERSOI	VAL TIME (if a p	pplicable): d on both Authorization a	and Reimbursemen	t				
	THIRD	PARTY PAYMEI Copy of payme	NTS: ent and supporting docur	ments must be subr	mitted with re	eimbursemen	t.		

FOREIGN TRAVEL

The following documentation is required for foreign travel only.

COPY OF EXCHANGE RATE FROM CREDIT CARD STATEMENT

(This avoids manual calculations for each transaction and reimburses the actual amount paid and related fees.)