



BUSINESS PURPOSE REIMBURSEMENT REQUEST FORM

Name of Preparer		Phone #	
Name of Payee (if different)		C #	
Date request is needed		Address of Payee (If payee is a guest of UM/Department)	

Business Purpose:

Please attach all paperwork in the sequence/order according to the checklist below. If travel is/was international and is being requested to be reimbursed on a sponsored account (a grant), please see the below link and follow the requirements before submitting the reimbursement request.

International Travel Authorization Form

Required information/documentation before submission of request:

- ☐ Itemized **and** credit card receipt(s) of all location(s) (dining, gas, airline/bus/train travel, conference registration etc.) by day of transaction(s). ****If expenses were divided between other departmental member(s), please forward a notification specifying who spent what expenses. **Please note, NO alcoholic beverages may be charged to a sponsored account (grant)**
- ☐ If per diem is preferred, please indicate how many days _____
(Please note the total amount of per diem is \$50/day- \$10 for breakfast, \$15 for Lunch and \$25 for dinner)
- ☐ If mileage is requested, please indicate how many total miles _____
Attached a google maps/yahoo maps with mileage calculations
- ☐ List of guests that dined with the payee (if applicable) _____
- ☐ Attach appropriate correspondence if the payee has been approved for additional support.
i.e. GAFAC, Kriloff, SOFLACS
- ☐ Itinerary of the event(s) i.e. conference(s), seminar(s), attended.

Please highlight the area where you presented a talk (if applicable)

If *not* charging a grant or special-fund account, please indicate the account below:

- ☐ Teaching Related (acct 162800)
What course # is this purchase related to: _____
- ☐ Hosting Seminar Speaker (acct 102088) ****Please attach seminar announcement flyer**
Who was the guest and from what University? _____
- ☐ Hosting Faculty Candidate Visitor (acct 101694)
What position has the candidate applied to: _____

Account(s): _____ \$ _____ \$ _____ \$ _____

Distribution of expenses if more than one account is to be charged. If distribution is different from the percentages below, please indicate specific amounts next to the account number.

☐100% ☐50% ☐33%

Note to Graduate Students: Please submit this form 15 days prior to your expected trip.

Summary of costs from receipts

All amounts in US Dollars. Please provide [Oanda Currency Converter](#) if necessary.

Travel (airline, bus, taxi, rental car, miles)	\$	
Registration of event (conference, seminar, etc.)	\$	
Entertainment (Dinner, lunch breakfast etc.)	\$	
Per Diem Tip: Please note the total amount of per diem is \$50/day- \$10 for breakfast, \$15 for Lunch and \$25 for dinner	\$	
Lodging (Hotel etc.)	\$	
Other: _____ (please specify)	\$	
Total reimbursement request:	\$	

Signature of requestor: _____ **Date:** _____

Name of PI/Supervisor (if applicable): _____

Signature of PI/Supervisor (if applicable): _____ **Date:** _____

Name of Chairperson (if applicable): _____

Signature of Chairperson (if applicable): _____ **Date:** _____