

Travel Reimbursement Request



Date: _____

*UVID: _____

*If not a UVU employee enter SSN

Index: 263401

☒ Training

☐ Certification

☐ Other

Name of Traveler _____

Address _____ City _____ Zip _____

Course _____

EXPENSES

Date	Meal Allowance **			Lodging***		Miscellaneous***	
	Breakfast \$11	Lunch \$14	Dinner \$20	Place	Amount	Item	Amount
Total _____				Total _____		Total _____	

**Meals are only reimbursed with an overnight stay.

***Please attach original, itemized receipts for the hotel and miscellaneous expenses.

***Hotel receipt must be a \$0.00 balance.

MILEAGE

Date	Destination	Total Miles Round Trip	Rate/Mile	Total Charges
			\$0.585	

Mileage Total _____

Total Reimbursement Requested _____

I certify that all items included in this reimbursement were incurred in the discharge of authorized official college business and that the amounts are correct and proper.

Traveler's Signature _____

Supervisor's Signature _____

Travel Reimbursement forms can be emailed to Dana Robison at drobison@uvu.edu