Final Reimbursement Request

Make a Copy for Departmental Records

Print and Submit one copy to Travel Accounting

Travel # **588102**

Traveler: Reese, Thomas James

421 Wakara Way, Suite 140, SLC, UT 84108

thomas.reese@hsc.utah.edu

(435) 881-6643 **UNID:** 00149783 **Employee**

Destination: NASHVILLE, TENNESSEE USA **Purpose:** Publicized Conference or Meeting

Trip Duration: 6/3/2018 - 6/5/2018

For Office Use Only Vendor #: 0000277943 Vendor Addr #: ACH

Vendor Addr: ACH

Prepared By: Tulane, Shaylee

421 Wakara Way, Suite 140, SLC, UT, 84108

(402 Park Bldg.)

Page: 1

u0769649@utah.edu

(801) 587-1654 **EmplID**: 00769649

Handling: Expedite - ACH **How Paid:** Travel Office

Department: Biomedical Informatics Department

*** Expedite Payment ***

Answers	
NLM 2018	
Υ	
N	

Additional Purpose Explanation:

The traveler will not be traveling back until August 15th. On the 5th of June they will be flying to Pittsburgh and stay there until the 15th. We will only be paying for the 3rd, 4th and 5th of june.

BU	ORG	FUND	ACTIVITY	PROJECT	ACCOUNT	ΑU	AMOUNT	Travel Use Only
01	00241	5000		59202271	60001		\$574.31	
01	00357	2000	10058		40433		-\$8.00	
							\$0.00	
							\$0.00	
				_			+FCC 24	

Amount Requested: \$566.31

Traveler's Signature

By my signature, I agree that any money advanced to me or paid on my behalf; (e.g. prepaid airfare charges, registration fees, prepaid hotel expenses, or early reimbursements) is a personal advance. In compliance with policy, I will, within 20 days after the conclusion of travel, complete and file the reimbursement portion of this form. I understand that any money advanced to an employee may be deducted from that employee's payroll check if it is not properly substantiated within 60 days after the completion of the trip. Likewise, any advanced money, not properly substantiated within 60 days to a non-employee may be reported as taxable income to that individual.

Approval Signatures

Each request should be signed by the traveler's supervisor or his or her designee certifying the business need for the trip. Additionally, each request should be signed by the proper authority certifying the appropriateness and sufficiency of funding source. In some cases, these may be the same individual. Additional signatures up to Vice Presidents should be obtained when policy or exceptions to policy require additional approval.

By signing this form, I hereby certify that the amount requested to be reimbursed is correct and just and agree that in the event this travel expense is subsequently questioned and sustained by an awarding agency as a non-allowable cost that the cost will be absorbed by a department account using non-federal funds.

	Name	Title	Signature	Date
Traveler	Reese, Thomas	Postdoctoral Fellow And Phd		
1st Approval	Shannon Ritzman	Grants and Contracts Officer		
2nd Approval	Jonathan Baranowsky	Department Manager		
VP Name	nitials indicate signatu	re is meant to authorize trave	el policy exceptions as described in notes.	

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Reimbursement Notes:

Est	Expense	Chain	Detail		Total
	Airfare	DELTA.COM		\$493.90	\$493.90
	Airfare Agency Fee				
	Misc. Airline Fees				
	Personal Auto		miles @		
	Lodging	MARRIOTT	2 nights @	\$243.37	\$486.74
	Per Diem/Actual Meals		3 days @	\$49.17	\$147.50
	Meal Reductions			-\$82.00	-\$82.00
	Conference Fee			\$160.00	\$160.00
	Car Rental Agency		days @		
	Insurance Surcharge		days @	\$3.00	
	Taxi, Bus, etc.		total	\$22.07	\$22.07
	Parking		days @		
	Internet Charges		days @		
	Expedite Fee			\$0.00	\$0.00
	Audit Fee		mandatory		\$12.00
	Total Trip Expense				\$1,240.21

Due Traveler or () Due Universi	
Deduct Expedite Fee	\$8.00
Traveler's Subto	tal \$574.31
Deduct Insurance Surcharge	
Total Dept Co	st \$574.31
Deduct Audit Fee	\$12.00
Deduct Cash Advance	
Deduct Other Reimbursements	\$160.00
Deduct Conference	
Deduct Lodging	
Deduct Airfare Fees	
Deduct Airfare	\$493.90

Travel Use Only

Sustainability Green Fund Donation

\$0.00

Amount Requested

\$566.31