

UAccess Financials eDoc #:

Originating Travel Authorization # Required

TRAVEL AUTHORIZATION:

☐ Partial ☐ Final Date

CONFERENCE DATES/TIMES DUTY POST DESIGNATED LODGING: YES NO	Dutc.												
EMPLID ROOM NUMBER CONTACT NAME/TITLE PHONE NUMBER TRAVEL ORDER BUSINESS PURPOSE OF TRIP (include destination): The of	TRAVELER & DEPARTMENT INFORMATION												
TRAVEL ORDER BUSINESS PURPOSE OF TRIP (include destination):	NAME										PARTMENT PO BOX		
BUSINESS PURPOSE OF TRIP (include destination): IN-STATE	EMPLID				ROOM NUMBER			CONTACT NAME/TITLE PHONE NUMB				ER	
BUSINESS PURPOSE OF TRIP (include destination): IN-STATE	TRAVEL ORDER												
EMPLOYEE TRAVEL EXPENSE CLAIM Time of Description/Destination (include type of transportation) Start End Miles Amount Meals Lodging Transportation Rate Totals: A B C D MISCELLANEOUS EXPENSES													
Time of Description/Destination (include type of transportation) Start End Miles Amount Meals Lodging Transportation Map/ Total Amount Meals Lodging Transportation Totals: A B C D MISCELLANEOUS EXPENSES	CONFER	ENCE DA	ATES/TIM	IES	DUTY POST			DESIGNATED LODGING: YES NO					
Date Depart Arrive transportation (include type of transportation) Start End Miles Amount Meals Lodging Transportation Start End Miles Amount Meals Lodging Transportation Total Miles Amount Meals Lodging Transportation Totals: A B C D MISCELLANEOUS EXPENSES													
Totals: A B C D MISCELLANEOUS EXPENSES	Date			(include type of	Start		Map/ Total	Amount	Meals	Lodging	_	Exchange Rate	
MISCELLANEOUS EXPENSES		- Spare		,									
MISCELLANEOUS EXPENSES													
MISCELLANEOUS EXPENSES													
MISCELLANEOUS EXPENSES													
					Tot	Totals:		A	В	С	D		
	MISCELLANEOUS EXPENSES												
										Object Code		Amount	
Total Miscellaneous E										Total Miscellaneous		E	
FUNDING													
NOTES: TOTAL EXPENSES (A+B+C+D+E)													
Less Traveler Advance	Less Trave										r Advance		
OR													
SIGNATURE Traveler Balance Due (+)													

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 FUNDICE TO ISSUE THIS REIMBURSEMENT ACCORDINGLY.

CLAIMANT SIGNATURE

11/17/2014

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