Do not sign until all fields have been finalized. Form will lock once digital signature is entered.

SIGNATURE 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 FINANCE TO ISSUE THIS REIMBURSEMENT ACCORDINGLY.

ROUTING: If prepared by someone other than the Traveler, route for signature via Adobe Sign. Once signed, attach to the Disbursement Voucher (DV) in UAccess Financials. If prepared by the Traveler, email the signed report to your department business office representative, OR attach the signed report to the DV in UAccess Financials. Refer to the Travel Expense Report Guide for detailed instructions.

## recommend using Adobe Acrobat Reader to complete and sign. **TRAVELER & DEPARTMENT INFORMATION**

STOP! You must save this document to your device before filling it out.

Completing this form in your web browser will result in loss of work. We

**REPORT PREPARED BY** 

**TRAVELER NAME** 

**BUSINESS PURPOSE** 

**TRAVELER SIGNATURE:** 

## **ITEMIZED TRAVEL EXPENSES**

\*Use either App mileage (e.g., Google Maps trip distance) OR Odometer start/end. Do not use both on the same line. Odometer difference will calculate automatically.

· II mileage	was entered, amount w	in calculate automatically based on the mileage reimbursement rate and the c	uale enlered.	see Reimburs		
Date mm/dd/yyyy	Expense Type	Expense Description/Details	Odometer start	Odometer end	*App mileage OR Odometer difference	**Amount
		· · ·				
NOTES (Please indicate if personal time or designated lodging was utilized, or any unique circumstances of the travel.)				TOTAL EXPENSES		
			Travel Advance Amount			
			Total Reimbursement OR			
			(Balance Owed)			



## TRAVEL EXPENSE REPORT

UAccess Financials eDoc #:

Travel Authorization:

Date:

**TRAVELER EMPLID or NETID** 

PREPARER PHONE NUMBER

**PRIMARY DESTINATION (CITY/STATE)**