THE UNIVERSITY OF ARIZONA

TRAVEL EXPENSE REPORT

UAccess Financials eDoc #:

Travel Authorization:

Date:

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 recommend using Adobe Acrobat Reader to complete and sign.

TRAVELER & DEPARTMENT INFORMATION

TRAVELER NAME	**TRAVELER EMPLID or NETID**
REPORT PREPARED BY	**PREPARER PHONE NUMBER**
BUSINESS PURPOSE	**PRIMARY DESTINATION (CITY/STATE)**

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.
If mileage was entered, amount will calculate automatically based on the mileage reimbursement rate and the date entered. **See Reimbursement Rates.

Date mm/dd/yyyy	Expense Type	Expense Description/Details	Odometer start	Odometer end	*App mileage OR Odometer difference	**Amount
	- select -		0	0	0	
	- select -		0	0	0	
	- select -		0	0	0	
	- select -		0	0	0	
	- select -		0	0	0	
	- select -		0	0	0	
	- select -		0	0	0	
	- select -		0	0	0	
	- select -		0	0	0	
	- select -		0	0	0	
	- select -		0	0	0	
	- select -		0	0	0	
	- select -		0	0	0	
	- select -		0	0	0	
	- select -		0	0	0	
	- select -		0	0	0	
	- select -		0	0	0	
	- select -		0	0	0	
	- select -		0	0	0	
	- select -		0	0	0	

NOTES (Please indicate if personal time or designated lodging was utilized, or any unique circumstances of the travel.)

TOTAL EXPENSES	$ 0.00
Travel Advance Amount	
Total Reimbursement OR (Balance Owed)	$ 0.00

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.

TRAVELER SIGNATURE:

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

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.