TRAVEL REIMBURSEMENT

COVER SHEET

PLEASE USE THIS FORM AS A CHECKLIST FOR ALL REQUIRED MATERIALS NEEDED TO PROCESS YOUR TRAVEL REIMBURSEMENT

Name	Department	
Date and Time of Departure	Date and Time of Return	Destination
PLEASE DESCRIBE THE N. (Research, Conference information, date		
PLEASE JUSTIFY HOW THI	S PERTAINS TO YOUR GRANT (If Appli	icable)
REIMBURSEMENT AIRFARE Please include your or	CLAIMS: iginal boarding passes, along with purchase confirmati	ion that exhibits proof of payment
REGISTRATION Please includ	le the original receipt or purchase confirmation that ex	chibits proof of payment
LODGING Please include a rece	ipt that exhibits the nightly room rate and itemized ch	narges.
CAR RENTAL	MILEAGE*	
MEALS Please specify if you will b	Home/departure Address be submitting a receipted meal claim or per diem	Address of destination
_	iem from, and which meals may have been provided for you. nses here or on the back of this sheet (train tickets, tax	i, business purchases, etc.)
_	UIRED DOCUMENTATION	
SOURCE OF FUNDING Please specify if this reimbursement will cor	ne from your research account, an OVPR award, both, etc.	
KFS Number or Grant account number	and name URE, OR MATERIALS FROM EVENT A	

For additional help or clarifications on UConn travel policies, please visit:

travel.uconn.edu

*As a reminder, reimbursements are not allowed for taxis, Lyft, or Uber rides for transportation to/from the airport. Please request a Bradley Parking Pass when you submit your Pre-Trip WebForm.

However:

You may claim reimbursement for mileage to/from the airport if the ride is longer than your typical commute to the Storrs campus (or your typical Duty Station) from your home.

