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| --- | --- | --- | --- | --- | --- |
| **Name:** |  | | **Email:** | |  |
| **Address:** |  | | | | |
| **City/State/Zip:** |  | | **Phone:** | |  |
| **Travel Destination:** |  | | | | |
| **Travel Dates:** |  | **to** | |  | |

**Expenses:** \*Required\* - Detailed expense justification and receipts.

|  |
| --- |
| **Business justification for expenses:** |
|  |

|  |  |  |
| --- | --- | --- |
| **Date** | **Description** | **Amount** |
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**My Signature Certifies:**

• I have paid the amounts claimed and am entitled to reimbursement according to University [policy.](https://policy.umn.edu/finance/travel)

• The listed expenses are legitimate and allowable business expenses.

• I am not requesting reimbursement for expenses charged to the Procurement Card or expenses that have been or will be reimbursed by other sources.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |
| **Authorized Signature:** |  | **Date:** |  |