

U Wide Form:
UM1612
Rev: 01/2015

REQUIRED					
Empl ID		Name		Email	
Address				City/State/Zip	
Travel Destination(s)/ Purchase Location(s)					
Travel Times (AM/PM):	Depart:		Return:		
Travel/Purchase Date(s) MM/DD/YY:	From:		To:		

Office Use Only	
Expense Report #	
Travel Auth. ID #	
Cash Advance ID #	

[illegible]

Date MM/DD/YY	Description/Business Justification Use as many lines as necessary.	v if Required Receipt is Missing	Transportation					Lodging Rm & Tax	Meal Per Diem (includes incidentals) \$ Amount		Hospitality/ Grp Meals	Other	Totals \$
			Miles	Rate	Mileage	Taxi, etc.	Airfare		<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> Partial Day (first/last day) <input type="checkbox"/> Full Day			
		<input type="checkbox"/>		0.575					<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> Partial Day (first/last day) <input type="checkbox"/> Full Day			
		<input type="checkbox"/>		0.575					<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> Partial Day (first/last day) <input type="checkbox"/> Full Day			
		<input type="checkbox"/>		0.575					<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> Partial Day (first/last day) <input type="checkbox"/> Full Day			
		<input type="checkbox"/>		0.575					<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> Partial Day (first/last day) <input type="checkbox"/> Full Day			
Totals			-						<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> Partial Day (first/last day) <input type="checkbox"/> Full Day			

Required when applicable - RELATED EXPENSES PREVIOUSLY PAID BY THE UNIVERSITY						
Paid by :	PCard	Voucher	Reimbursed	Document #	Date Paid	Amount
Airfare:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Conf. Registration:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Hotel:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
http://travel.umn.edu/						TOTAL

Additional Page(s) Total:	\$ -
Total Amount to be Reimbursed:	\$ -

- I have paid the amounts claimed and am entitled to reimbursement according to policy.
- 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.

- <http://travel.umn.edu/>
- <http://www.gsa.gov/portal/category/21287>
- http://aoprals.state.gov/content.asp?content_id=184&menu_id=78
- <http://www.policy.umn.edu/Policies/Finance/Travel/TRAVEL.html>
- <http://www.oanda.com/currency/converter/>

Signature of Payee & Date (required) [see UM1612i in the Forms Library](#)

Authorized Signature & Date (required) [see UM1612i in the Forms Library](#)

Required											
Fund	DeptID	Program	PCBU	Project	A	Account	FIN EmplID	ChartField 1	ChartField 2	CS	Amount
TOTAL											