

UAccess Financials eDoc #:

Originating Travel Authorization # Required

TRAVEL AUTHORIZATION:

Date:										☐ Partia	al 🗌 Final		
TRAVELER & DEPARTMENT INFORMATION													
				DEPARTMENT NAME						EPARTMENT PO BOX			
EMPLID F				ROOM NUMBER			CONTACT NAME/TITLE PHONE NU			NE NUMBE	FR .		
TRAVEL ORDER													
BUSINE	BUSINESS PURPOSE OF TRIP (include destination):												
CONFERENCE DATES/TIMES				DUTY POST			DESIGNATED LODGING: YES NO						
			EMF	PLOYEE TR	AVEL EX	KPENSE	CLAIM						
	Time of				Odometer								
			Description/Destination (include type of			Map/ Total				Transpor-	Exchange		
Date	Depart	Arrive	transportation)	Start	End	Miles	Amount	Meals	Lodging	tation	Rate		
									_				
				Totals:			Α	В	С	D			
				MISCELLA	NEOLIS	FXPFN	SES						
MISCELLANEOUS EXPENSES Expense Description / Purpose / Attendees									Object Co	Amount			

		1
	Total Miscellaneous	E
FUNDING		
NOTES:	TOTAL EXPENSES	
	(A+B+C+D+E)	
	Less Traveler Advance	
	Traveler Repayment (-)	
	OR	
	Traveler Balance Due (+)	
	•	

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.

CLAIMANT SIGNATURE DATE