

# Anthropology Reimbursement Request: Travel

## Step 1: Initiate Request

**Requestor Name:** \_\_\_\_\_ **Banner ID:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Person Traveling:** \_\_\_\_\_ (if more than one, please attach a list of travelers)

**Dates/Time of Travel:**

**FROM:** (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_ **Time:** \_\_\_AM/PM **TO:** (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_ **Time:** \_\_\_AM/PM

**Name of Conference/Event:** \_\_\_\_\_

**Place of Travel/Conference:** City \_\_\_\_\_ State \_\_\_\_\_

**Travel Purpose:**  Poster Presentation  Paper Presentation  Research  Other

If other, please explain: \_\_\_\_\_

**\*\*Must provide detailed business purpose as to how this benefits UNM:** \_\_\_\_\_

Travel Item	Amount (Total for trip)	Pre-Paid P-Card (Yes/No)	Pcard Report #	Reimbursement Request (Yes/No)
Registration fee				
Airfare				
Shuttle Service				
Vehicle Rental				
Fuel (cannot reimburse if claiming mileage)		No		
Parking		No		
Hotel+Tax (for all nights)				
Per Diem- # meals not included in the registration: B__L__D__		No		
Mileage: MUST complete mileage report and attach		No		
Other				

**Reimbursements:** Please tape all original receipts to one side of a 8 x 12 piece of paper and write your name at the top of each sheet. Please staple all sheets to a completed travel or expenditure request form. Requests submitted in my mailbox should be placed in an envelope. This will avoid loss of receipts or any delays in processing within the **20 business days for travel requests** per UNM policy. If you do not have original receipts please provide a memo following the procedure for lost or missing Receipt(s): <http://www.unm.edu/~gacctng/lostr.html>

\* **Please indicate a source of funding (ie. Index, project title, etc.):**

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## Step 2: Submit form to either Jennifer or JoNella for the respective approval(s)

### FOR INTERNAL ACCOUNTING ONLY:

#### The Purchase has been:

- Disapproved: \_\_\_No Funds Available \_\_\_Not a budgeted item
- Approved in the amount of: \$\_\_\_\_\_ (Index#\_\_\_\_\_ Account Code:\_\_\_\_\_)
- \$\_\_\_\_\_ (Index#\_\_\_\_\_ Account Code:\_\_\_\_\_)

Accounting Office Approval:\_\_\_\_\_ Date:\_\_\_\_\_

Grant/Contract Responsible Person:\_\_\_\_\_ Date:\_\_\_\_\_

#### Purchase type block:

- Purchasing Card (P-Card) Charge Date of Initial Purchase:\_\_\_\_\_
- Direct Pay: DPEZ#**DZ**\_\_\_\_\_ DPI# **I**\_\_\_\_\_