

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 **50 calendar 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**_____