Guest Travel **Date**_____ **Person's Name**_____

Points of Travel

Date	From	To	Mode

Transportation		Private Car, Rental Car, Plane, Train etc.
- Private Car mileage (Not rental cars)	_____ miles @ _____	
- Private Car mileage (Not rental cars)	_____ miles @ _____	
-Airfare/Train fare (Coach class only. Attach ticket stub.)		
-Rental Car (Attach original receipts. Give justification for why rental car was used instead of public transportation)		
-Taxi/Van (Including tips. Attach original receipts for fare where applicable.)		
-Parking (Attach receipt if applicable.)		
	Total Transportation	

Meals (Attach original receipts. Cannot include any alcoholic beverages.)

Date	Breakfast($)	Lunch($)	Dinner($)	Day Total ($)

Total Meals ($) _____

Hotel Room (Attach original receipts. Basic single occupancy room rate only.)

Date(s)	Rate($)	Number of Nights	Total ($)

Total Hotel ($) _____

Miscellaneous

-Baggage Handling Tips (Receipts not required), etc.

Total Miscellaneous	

Total Reimbursement Requested _____

Certification: I hereby request reimbursement of the travel related expenses detailed above and do hereby certify that:

- the travel and expenses indicated hereon were incurred by me
- the expenses were incurred in the performance of official duties and pursuant to the travel authority granted to me by UAB
- I have not been and will not be reimbursed for any of these expenses by any other entity
- there are no alcoholic beverages included in these expenses
- I agree to the rate at which I am being reimbursed
- I have not previously billed UAB for any of these expenses
- this travel voucher has been completed in compliance with UAB policies

Signature _____ Date_____