UAB TRAINEE TRAVEL EXPENSE REIMBURSEMENT REQUEST
(Please complete one form per trip.)

Trainee Name _______________________________ Federal Tax ID ______________

Purpose of Trip ________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Date Event Begins ___________________ Date Event Ends ______________________

Points of Travel
Arrive: Date _______ Time______ From __________________ Via________________ Mode______
Depart:Date _______ Time______ To __________________ Via________________ Mode______

MM/DD/YYYY       H:MM am/pm         City, State                                City, State                   Private Car,
Rental Car, Plane,
Train, Etc.

Transportation
-Private Car Mileage (Not rental cars): ________ miles @ $.____ per mi. (IRS rate) =$_________
-Airfare/Trainfare (Coach class only. Attach ticket stub and proof of payment.) $_________
-Rental Car (Including gasoline. Give justification for why rental car was used instead of public transportation. Attach original receipts.) $_________
-Taxi/Van (Including tips. Detail. Attach original receipts for fares.) $_________
-Parking and tolls (Detail. Attach original receipts.) $_________
Total Transportation $_________

Trainee’s Meals (Must attach original receipts. Cannot include any alcoholic beverages.)
Date Breakfast Lunch Dinner Day Total
_______ $________ $________ $__________ $_________
_______ $________ $________ $__________ $_________
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_______ $________ $________ $__________ $_________
_______ $________ $________ $__________ $_________
Total Meals $_________

Trainee’s Hotel Room (Basic single occupancy room rate. Attach original receipts.)
$_____________ per night room rate incl. tax @ _______ # nights = $_____________

Miscellaneous
-Baggage Handling Tips (Receipts not required.) $_________
-__________________________________________________ $_________
-__________________________________________________ $_________
-__________________________________________________ $_________
Total Miscellaneous $_________

Total Reimbursement Requested $_________ Total

Certification: I hereby request reimbursement of the travel expenses detailed above and do hereby certify that: these expenses were incurred by me; these expenses are directly related to my official UAB trainee travel; these expenses are in compliance with UAB’s Expenditure Guidelines for Trainee Travel; there are no alcoholic beverages included in these expenses; UAB has not previously paid for any of these expenses; and I have not been, nor will I be, reimbursed for this expense by any other party.

Signature of Trainee _______________________________ Signature Date ______________

Revised 12/01/00