PAYEE TYPE: UC FACULTY/STAFF (GEMS Users) PURPOSE: TRAVEL (Complete Sections A & B. Business meals during travel, use Section C.2.) UC STUDENT <u>*Complete Certification Form.</u> Non-Travel BUSINESS MEAL (Complete Section C.) NON-UC STUDENT Non-Travel ALL OTHER (Complete Section B.) GUEST/VISITOR - Host Name: THE UNIVERSITY OF CHICAGO Please type or legibly print **EFI - REIMBURSEMENT FORM PAYEF LAST NAME*** FIRST NAME* Please direct questions and completed reimbursement EMAIL ADDRESS* forms with receipts to: rechols06@uchicago.edu MAILING ADDRESS* **Required for all **REIMBURSEMENT GUIDELINES** except GEMS users 1) All scanned receipts should be legible and facing the same A) TRAVEL Conversion Rate Used: direction. Destination City, State (or Country)* Trip Start/End Dates* 2) The University may only reimburse reasonable and prudent business expenses. Travel receipts that show additional **TRAVEL or Non-Travel ALL OTHER** guests/occupants (e.g. lodging, meals, cab fares) typically require **Business Purpose*** additional justification. Amt Claimed (USD)* Date* Description* Receipt Amt 3) Proof of Payment must be provided for all required receipts. f different from amt claimed Otherwise, a credit card statement/cancelled check may need to be provided. 4) Payees should consult with the unit funding their reimbursement to see if unit or funding source has more restrictive requirements than University policy. 5) Each expense must be itemized whether or not a receipt is required. Payees should provide: a. Description of the business purpose b. Date of expense occurrence c. Amount of expense 6) Original itemized receipts are required for: a. Meals charged to grants, airfare, and hotel/lodging expenses (regardless of dollar amounts). Business Meal-Complete C2 below b. All expenses of \$75 or more. **TOTAL AMT CLAIMED*** 7) Lost receipts: Wherever possible, please contact vendor If additional space is required, please itemize on a separate sheet and include total amount in to request copy of itemized bill. If no itemized bill is available, box above. please provide a signed memo that provides an itemized list (as noted in section 5), states that the receipt was lost, and affirms ENTERTAINMENT/BUSINESS MEAL that the payee will not be reimbursed by any other source. AMOUNT CLAIMED* Receipt Amt: (If different from Amt Claimed) 8) Car rentals: Do not purchase collision damage waiver Visitor Name: (FOR INVITED GUESTS/SPEAKERS) (CDW) or liability insurance coverage in the U.S. or Canada, but Host Name: (IF DIFFERENT FROM PAYEE) do purchase insurance coverage in a foreign country. 2 - Please attach itemized dining check with receipt and list individual names if 10 or less attendees. Purpose of business meal* For additional information on Procurement/Disbursements Date of Event* # of attendees* university policies, please refer to Financial Policy 1202 at: http://finserv.uchicago.edu/support/policies/index.shtml Name of other attendees (if 10 or less): To report an accident that occured while on University business related travel, call the Risk Management Department at 773-702-1951 as soon as possible. If a rented vehicle is damaged, refer the

I certify that the amounts listed above are my true business expenses, that they have not and will not be reimbursed by another entity, and are in accordance with current University of Chicago reimbursement policies and procedures.

PAYEE SIGNATURE

B)

C)

Account to charge:

Authorized by:

FUNDING UNIT APPROVAL

rental agency to the Risk Management Department.