Finance use only: Sig Reviewed By: _____ Grant or Foundation: _____

Card Reviewed By: _____ Reviewed by Other: _____

Reimbursement Form

This form is used for travel expenses including daily mileage.

EMPLOYEE INFORMATION: **NEW MILEAGE RATE 1/1/19**

Name: Brian Dauenhauer

Prepared by: Brian Dauenhauer

Bear #: 801438910

Phone number: 1-1202

Date From: 08/01/19 Date To: 08/30/19

Department: NHS/SES/PEPAL

Travel Destination: TCHF Grant-Related Travel

		Budget Information						Travel Reimbursements		
Date	Description of reimbursement	Fund	Org	Account	Prog	Activity Code	Non-mileage Reimbursement amount	Number of miles	Total mileage x .52 (mileage rate)	Less advances or traveler obligation
08/15/19	PD Team Meeting (Denver)	33005	46300	77110	1000	X9226		109.8	$57.10	
08/27/19	D6 Wellness Committee (Greeley)	33005	46300	77110	1000	X9226		3.2	$1.66	
									$0.00	
									$0.00	
									$0.00	
									$0.00	
									$0.00	
									$0.00	
									$0.00	
									$0.00	
									$0.00	
						Total		**113**	**$58.76**	
									Grand Total	**$58.76**

NOTE: All receipts MUST be itemized and attached to document

For overnight or out-of-state travel, signatures are not required on this form if *approved* TA has been attached.

Fund **Org** **Fund** **Org**

Brian Dauenhauer Digitally signed by Brian Dauenhauer Date: 2019.08.30 15:29:19 -06'00'

Signature **Signature**

For reimbursements other than mileage, AN EXPLANATION MUST BE PROVIDED BELOW AS TO WHY THE UNIVERSITY VISA CARD WAS NOT USED. Travelers who choose not to use the UNC VISA card will need approval from the Executive Director of Purchasing and Contracts prior to reimbursement being made and reimbursement may be delayed up to 30 business days from the date AP receives the reimbursement.