

# REIMBURSEMENT REQUEST FORM

Please complete this form in its entirety. Failure to do so may cause your reimbursement to be delayed or rejected.

NOTE: Original, itemized receipts must be submitted along with this form.

If you are not a UVA employee, student or vendor you'll need to register at the following web address:

<https://www.procurement.virginia.edu/pagevendorregistrationform>

**UVA POLICY: ALL REIMBURSEMENT REQUESTS MUST BE SUBMITTED WITHIN 5 BUSINESS DAYS**

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

SS# (last 4 digits): \_\_\_\_\_ Email Address: \_\_\_\_\_

List of Receipts & Amounts / Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## TRAVEL EXPENSE DETAIL (This section is to be completed for travel reimbursement requests only)

First Day of Travel: \_\_\_\_\_ Last Day of Travel: \_\_\_\_\_

Destination (City, State & County): \_\_\_\_\_

Reason For Trip/Name of Conference: \_\_\_\_\_

Meals (check one):  Per Diem  Actual Receipts

Mileage: \_\_\_\_\_ Miles

PTAO or Account To Be Charged: \_\_\_\_\_

\* NOTE: Students MUST obtain their supervisor's signature

Your Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_