

EXPENSE REIMBURSEMENT FORM

Please see Travel Scholarship Policy and Expense Reimbursement Policy for detailed information on how to submit this form. Attach itemized receipts showing proof of payment, labeled (see Travel Packet for details). Expense Reimbursement Form and receipts **due 30 days after your return**. Reimbursements will be paid according to the account information in CaneLink -- either Direct Deposit or mailed to the address listed. Payments will be processed up to 6 weeks after submitting the forms. Email form and all receipts to mredu@miami.edu. DON'T FORGET TO SIGN!

Name _____

Email _____

Phone _____

EMPL ID _____

Trip Location / Conference Name _____

Experience Statement (REQUIRED: Statements may be posted to social media, website and submitted to the MRED+U Advisory Board.) _____

DATES	AMOUNT	TYPE	EXPLANATION
		Airfare	Roundtrip coach fair from Miami to _____
		Lodging	Hotel Name _____ # Nights _____ Shared with _____
		Ground Transportation	To/From Hotel/Airport/Conference Center
Total			Total amount requested to be reimbursed.

I attest this expenditure as a valed business expense for the purpose shown above in accordance with University of Miami Travel Policy. I attest I have not received funding from any other source for the purpose shown above.

Traveler's Signature

Date