PAYEE TYPE:	UC FACULTY/STAFF (GEMS UC STUDENT *Complete NON-UC STUDENT GUEST/VISITOR - Host Nai	Certification Form.	Non-Travel BUSI	te Sections A & B. Business meals during travel, use Section C.2.) NESS MEAL (Complete Section C.) OTHER (Complete Section B.)
Please type or leg PAYEE LAST NAM EMAIL ADDRESS* MAILING ADDRES **Required for all except GEMS use	S*	FIRST NAME*		THE UNIVERSITY OF CHICAGO ASTRONOMY & ASTROPHYSICS / KAVLI INSTITUTE REIMBURSEMENT FORM Please direct questions and completed reimbursement forms with receipts to: cather@uchicago.edu REIMBURSEMENT GUIDELINES
A) TRAVEL Conversion Rate Used: Destination City, State (or Country)* Trip Start/End Dates*				 All scanned receipts should be legible and facing the same direction. The University may only reimburse reasonable and prudent
•	Non-Travel ALL OTHER			business expenses. Travel receipts that show additional guests/occupants (e.g. lodging, meals, cab fares) typically require additional justification.
Date*	Description*	Amt Claimed (USD)*	Receipt Amt if different from amt claimed	3) Proof of Payment must be provided for all required receipts. 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
	Business Meal-Complete C2 &	pelow		 6) Original itemized receipts are required for: a. Meals charged to grants, airfare, and hotel/lodging expenses (regardless of dollar amounts). b. All expenses of \$75 or more.
box above.	TOTAL AMT CLAIF ace is required, please itemize MENT/BUSINESS MEAL		ude total amount in	7) Lost receipts: Wherever possible, please contact vendor to request copy of itemized bill. If no itemized bill is available, please provide a signed memo that provides an itemized list (as noted in section 6), states that the receipt was lost, and affirms
1 - AMOUNT CLAIMED* Receipt Amt: (If different from Amt Claimed) Visitor Name: (FOR INVITED GUESTS/SPEAKERS)				8) Car rentals: Do not purchase collision damage waiver (CDW)
Host Name: (IF DIFFERENT FROM PAYEE) 2 - Please attach itemized dining check with receipt and list individual names if 10 or less attendees.				or liability insurance coverage in the U.S. or Canada, but do purchase insurance coverage in a foreign country.
Purpose of business meal* Date of Event* # of attendees* Name of other attendees (if 10 or less):				For additional information on Procurement/Disbursements university policies, please refer to Financial Policy 1202 at: http://finserv.uchicago.edu/support/policies/index.shtml
				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 rental agency to the Risk Management Department.
will not be reimb	mounts listed above are my tr ursed by another entity, and ar ement policies and procedures	e in accordance with current l	· ·	FUNDING UNIT APPROVAL
PAYEE SIGNATURE		DATE		Account to charge: Authorized by:

Authorized by: