PAYEE TYPE:

- ☐ **UC FACULTY/STAFF** (GEMS Users)
- ☐ **UC STUDENT** *Complete Certification Form.
- ☐ **NON-UC STUDENT**
- ☐ **GUEST/VISITOR - Host Name:** ____________________

PURPOSE:

- ☐ TRAVEL (Complete Sections A & B. Business meals during travel, use Section C.2.)
- ☐ Non-Travel BUSINESS MEAL (Complete Section C.)
- ☐ Non-Travel ALL OTHER (Complete Section B.)

THE UNIVERSITY OF CHICAGO
MATH DEPARTMENT REIMBURSEMENT FORM

Please direct questions and completed reimbursement forms with receipts to:
mathlbc@lists.uchicago.edu or Eckhart Hall 207B.

Please type or legibly print

PAYEE LAST NAME* ____________________ FIRST NAME* ____________________

EMAIL ADDRESS* ____________________

MAILING ADDRESS* ____________________

**Required for all ____________________

except GEMS users ____________________

A) TRAVEL Conversion Rate Used: ____________________

Destination City, State (or Country)* ____________________

Trip Start/End Dates* ____________________

B) TRAVEL or Non-Travel ALL OTHER

Business Purpose* ____________________

Date*	Description*	Amt Claimed (USD)*	Receipt Amt *if different from amt claimed*
	Business Meal-*Complete C2 below*		
	TOTAL AMT CLAIMED*		

If additional space is required, please itemize on a separate sheet and include total amount in box above.

C) ENTERTAINMENT/BUSINESS MEAL

1 - AMOUNT CLAIMED* ____________ Receipt Amt: ____________
(If different from Amt Claimed)

Visitor Name: (FOR INVITED GUESTS/SPEAKERS) ____________________

Host Name: (IF DIFFERENT FROM PAYEE) ____________________

2 - Please attach itemized dining check with receipt and list individual names if 10 or less attendees.

Purpose of business meal* ____________________

Date of Event* ____________________ # of attendees* __________

Name of other attendees (if 10 or less): ____________________

____

____

____

REIMBURSEMENT GUIDELINES

1) All scanned receipts should be legible and facing the same direction.

2) The University may only reimburse reasonable and prudent business expenses. *Travel receipts that show additional guests/occupants (e.g. lodging, meals, cab fares) typically require additional justification.*

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

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.

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 5), states that the receipt was lost, and affirms that the payee will not be reimbursed by any other source.*

8) Car rentals: Do not purchase collision damage waiver (CDW) or liability insurance coverage in the U.S. or Canada, but do purchase insurance coverage in a foreign country.

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.

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 **DATE**

FUNDING UNIT APPROVAL

Account to charge: ____________________

Authorized by: ____________________

Last revision 2/24/2020