

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 Date of Travel: _____ Last Date of Travel: _____

Destination (City, State & County): _____

Reason For Trip/Name of Conference: _____

Meals (check one): Per Diem Actual Receipts

Vehicle Mileage Driven: _____ Miles

***** REIMBURSEMENT REQUESTS WILL NOT BE ACCEPTED WITHOUT THE CHARGE ACCOUNT *****

PTAO or Account To Be Charged: _____

NOTE: Students MUST obtain their supervisor's signature

Your Signature: _____ Supervisor Signature: _____