UCONN
UNIVERSITY OF CONNECTICUT

REV. 08/ 2020

PAYMENT REIMBURSEMENT FORM

OFFICE STAFF INITIAL

CURRENT DATE

DOCUMENT DATE:	PHONE: Cell ☐ Home ☐	EMPLOYEE ID#	NETID#	TOTAL OF ALL RECEIPTS:
10/02/2020				

PAYEE NAME:	UNIVERSITY TITLE:

ADDRESS:	CITY:	US STATE OR FOREIGN COUNTRY (TYPE IN BOX):	☑ US ZIP ☐ FOREIGN POSTAL CODE

DATE OF TRAVEL:	DATE OF EVENT:	DESTINATION:

CONFERENCE:
☐ PRESENTATION ☐ ATTENDANCE ONLY
CONFERENCE TITLE:

☐ RESEARCH
☐ PUBLISHING
☐ OTHER

USE THE SUMMARY BOX TO GIVE DETAILS, ESPECIALLY FOR RESTRICTED FUNDS, SO THAT WE CAN PROPERLY FILL OUT UNIVERSITY REQUIRED INFORMATION WHEN PROCESSING YOUR REIMBURESEMENT. THIS ALSO HELPS US KEEP TRACK OF FUNDS IF YOU REQUEST AN ACCOUNT STATUS OR REVIEW OF YOUR REIMBURSEMENTS FOR THE FISCAL YEAR.

SUMMARY REASON FOR REIMBURSEMENT:

LIST RECEIPT INFORMATION:

RECEIPT #	TRANS. DATE	COMPANY	Total

REIMBURSEMENT SOURCE:

FOR AWARD AND GRANT REIMBURSEMENTS, YOU MUST ATTACH THE LETTER TO THIS FORM FOR SUBMISSION. FOR DEPARTMENT REIMBURSEMENT, SELECT "OTHER" AND WRITE *LCL* ON THE LINE AND ATTACH DEPARTMENT HEAD APPROVAL DOCUMENT. ANY REIMBURSEMENT WIHTOUT SUPPORTING DOCUMENTS WILL BE REJECTED.

☐ AAUP
☐ OVPR
☐ PERSONAL RESEARCH ACCOUNT KFS number _____
☐ OTHER _____ KFS number _____
☐ I AM A GRADUATE STUDENT Choose One

AUTHORIZED SIGNATURE:

AUTHORIZED SIGNATURE / APPROVAL	DATE:

OFFICE USE ONLY:

DATE RECEIVED	DATE SUBMITTED KFS	OTHER NOTES:

OFFICE STAFF: INITIAL BOX AT TOP OF FORM WHEN COMPLETED.