

Travel Authorization Number from HHRI Travel Authorization Form.

Hennepin Healthcare Research Institute TRAVEL REIMBURSEMENT FORM

One form per payee, all required supporting documentation must be attached.
Return original signed form to the HHRI Travel Coordinator, Mail Code PP4.430

Date you are making request.

Name and phone number of person to contact if questions

Payee - Check will be mailed directly to the "payable to" entry.

Other - i.e. if the check needs to be delivered to a specific person different from the "payable to" listing.

TRAVEL AUTHORIZATION #(required) _____

PAYABLE TO: _____

ADDRESS: _____

DATE OF REQUEST: _____

CONTACT: NAME _____

PHONE # _____

ROUTE CHECK TO: _____

PAYEE _____

OTHER _____

DATES OF TRAVEL:									
REGISTRATION									
TRANSPORTATION:									
Airfare									
Car Rental									0
Specify business purpose:									
Mileage (attach daily log)									0
ACCOMMODATIONS:									
Room Deposit (if applicable)									
Lodging									0
MEALS (detail on back of form)						0	0	0	0
Taxi, baggage, parking charges									0
Business phone calls									0
Miscellaneous:									0

I certify that the expenses listed above are business related and in accordance with the HHRI Travel Policy.

Signature of Traveler _____

AMOUNT TO PAY:

ACCOUNTING USE ONLY

MONTH: _____

INVOICE DATE: _____

CHECK STUB DESCRIPTION(40 MAX) _____

G/L DESCRIPTION(60 MAX) _____

ENTERED BY: _____

DATE: _____

VOUCHER #: _____

A/P REVIEW: _____

ROOT#	SS#	TT#	AMOUNT

RECEIVED BY A/P:

Procedures to complete HHRI Travel Reimbursement Form:

Please complete the following information:

MEAL EXPENSE DETAIL

NOTE: Requests for reimbursement must be submitted within 60 days of last travel day. Late requests will not be eligible for reimbursement.

- 1. TRAVEL AUTHORIZATION #:** Travel Authorization Number from HHRI Travel Authorization Form. (Required)
- 2. PAYABLE TO:** Name of person or institution that check is to be made payable to.
Please use only one form per payee. Separate forms need to be completed for payments to conference holders, travel agencies, and hotels.
- 3. ADDRESS:** Complete address of payee.
- 4. DATE OF REQUEST:** Date you are making request.
- 5. CONTACT NAME & PHONE #:** Name and phone number of person to contact if questions.
- 6. ROUTE CHECK TO:** Routing instructions: Payee-Check will be mailed directly to payee.
Other-
- 7. ALLOWABLE BUSINESS EXPENSE CATEGORY:**
 - A. Please complete total dollar amount for:
 - 1) Registration
 - 2) Airfare
 - 3) Room Deposit
 - B. Please complete on a daily basis:
 - 1) Car Rental-must specify business purpose
 - 2) Mileage using personal auto-please complete and attach an Request for Mileage Reimbursement Form.
 - 3) Lodging (daily rate plus taxes)
 - 4) Meals-breakout by breakfast, lunch and dinner(on the right). Meals paid for others must be business related to be reimbursable(inc. name, business purpose)-see Travel Coordinator.
 - 5) Taxi fares, baggage, or parking charges
 - 6) Business phone calls-highlight business calls
 - 7) Miscellaneous
 - C. Foot the total column. The total column should equal the Amount to Pay in the middle of the form.
 - D. Attach all supporting documentation for allowable business expenses per HHRI travel policy.
 - E. Return this form and documentation to the HHRI Travel Coordinator for processing.
- 8. SIGNATURE** This form must be signed by the individual for whom the travel was authorized.

Each day's individual meals should be entered here and the daily totals will automatically populate the meals line on page one.

DATE	MEAL	AMOUNT
0-Jan	Breakfast	
	Lunch	
	Dinner	
	TOTAL	0
0-Jan	Breakfast	
	Lunch	
	Dinner	
	TOTAL	0
0-Jan	Breakfast	
	Lunch	
	Dinner	
	TOTAL	0
0-Jan	Breakfast	
	Lunch	
	Dinner	
	TOTAL	0
0-Jan	Breakfast	
	Lunch	
	Dinner	
	TOTAL	0
0-Jan	Breakfast	
	Lunch	
	Dinner	
	TOTAL	0