

Expense Reimbursement Form**Arizona Board of Regents — 2025 REGENTS' CUP****General information**

Name: _____

Home address: _____

Email address: _____ Phone: _____

Driver's license number (if requesting mileage reimbursement): _____

Expense reimbursementsIn-state mileage

Round trip mileage from _____ to Northern Arizona University.

Miles: ____

Rate of reimbursement: \$.67/mile

TOTAL: ____

Lodging

Lodging at the Hyatt Place Flagstaff and Country Inn & Suites is covered by ABOR.

Meals

Date	Breakfast	Dinner	
4/11		\$38	
4/12		\$38	
4/13	\$14		TOTAL: _____

Airfare and other travel expenses

Economy-class airfare; ground transportation - originating location and a trip from the airport to your final destination; baggage; airport parking - reimbursed at economy, long-term, off-premises parking serviced by shuttle. Please list each on a separate line. Original receipts required.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL EXPENSE REIMBURSEMENT \$ _____

(Approval on following page)

I certify that the above is complete and accurate and that I am not requesting any reimbursements not allowed or not actually expended. Any expenses paid directly to or on behalf of me by the _____ have been excluded from the expense reimbursement request.

Signature

Date

As the _____ approver, I certify that the expenses claimed were incurred for authorized official state business and that they are correct and proper charges. I certify further that this expenditure is for a valid public purpose and is consistent with all applicable statutes, laws, appropriations, grants and contracts. I APPROVE the expenses as outlined above for reimbursement.

_____ approval

Date

Accounting Approval _____

_____ Accounting Document
Number/Date _____