

**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 reimbursements**In-state mileage

Round trip mileage from Tucson to Northern Arizona University.

Miles: \_\_\_\_

Rate of reimbursement: \$.67/mile

TOTAL: \_\_\_\_

Lodging

Lodging at the Hyatt Place Flagstaff and Country Inn &amp; 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)

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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 \_\_\_\_\_