PHARMACOLOGY TRAVEL CHECKLIST

☐ Traveler's name
☐ Purpose of trip
☐ Destination of travel
☐ Dates of travel
☐ Purchase PATH Order ID #
☐ Budget number to be charged
  - If this is a Departmental budget did you obtain the necessary approvals from the Department Administrator and your PI?
  - If this is a Grant budget did you obtain the necessary approval from your PI?
☐ Was airfare required? If yes, please submit a copy of your itinerary and receipts after returning.
  - Was airfare purchased by the Department or traveler? If traveler, please submit payment confirmation receipt for reimbursement.
☐ Was car rental required? If so, please submit receipts for reimbursement after returning.
  - Was lodging required? If so, please submit the folio from the lodging facility (required) for reimbursement.
☐ Will you be claiming a lodging exception? If so, please explain.
  - Will meal per diem be reimbursed? Only meals not covered by the event that you are attending will be reimbursable.
☐ Indicate each meal per day requesting (Breakfast, Lunch, Dinner).
☐ Will mileage be reimbursed? If yes indicate beginning and ending mileage for each day.
☐ Miscellaneous expenses - date and description. (Receipts required)

THE FOLLOWING DOCUMENTATION IS REQUIRED FOR ACTUAL TRAVEL REIMBURSEMENT
(to be provided by Traveler within 48 hours of returning)

☐ Copy of flight itinerary
☐ Copy of conference/meeting schedule
☐ Lodging folio showing payment information
☐ Rental car receipt showing payment information
☐ Mileage documentation of personal mileage including beginning and ending address
☐ Receipts for miscellaneous expenses