

PHARMACOLOGY TRAVEL CHECKLIST

- ☐ Traveler's name
- ☐ Purpose of trip
- ☐ Destination of travel
- ☐ Dates of travel
- ☐ PurchasePATH 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