

Original Destination of trip: _____ Original Dates of trip: _____

Did you go on this trip? Yes No

Will this trip be delayed? Yes No If so, what are the planned dates? _____

Legacy Travel # or Concur Request ID: _____

Total Cancellation Costs: _____

Please indicate the expense type, dollar amount, how paid, and any notes/questions.

<u>Expense Type</u>	<u>\$ Amount/ How Paid</u>	<u>Status</u>	<u>Notes</u>
		Cancelled, Refund, Credit, Voucher, etc.	Include efforts to obtain refunds from outside entities / any information to clarify documentation

Airfare

Character limit: 12

Character limit: 36

Character limit: 50

Lodging

Car

Conference

Please note any other information to support your reimbursement request:

It is the responsibility of the traveler and their department personnel to work diligently to get a refund for all expenses, whenever possible for these COVID-19 related cancellations. University departments should not reimburse expenses to the traveler where a refund is available and/or pending. Airfare purchased using personal funds could be exchanged for personal trips, so departments are asked to track these credits and the value of these credits until they are used for University business-related trips. The additional approval signature below is signing to verify that, (1) all attempts have been made to obtain a refund, (2) the department feels it necessary and appropriate to reimburse the out-of-pocket expenses detailed above, and (3) the department assumes responsibility for any credits that are in the traveler's name, and the department will work with the traveler to see that any credits are used to benefit the University mission, or will be reimbursed to the University when the traveler uses the credit.

This form should be attached to any reimbursement submitted where the expenses are for cancelled trips during the dates between **March 1, 2020 and June 30, 2020**. Ideally, this form is attached to the reimbursement request, but if you have already submitted the reimbursement, please forward an executed copy of this form to travel_questions@utah.edu referencing the Travel Number or Trip ID and the traveler's name in the subject field.

Signatures must be wet signatures or attached email acknowledgment.

Executive or PI Signature: _____ Date: _____

Additional Approval Signature: _____ Date: _____