

**UB Foundation
Travel and Meeting Reimbursements**

Payee Name _____ Account # _____ Total Amount \$ _____

	Date	Location	Business Purpose	Airfare	Lodging	Meals		Personal Auto		Other		Explanation
						#	Amount	Miles	Amount	Transportation	Miscellaneous	
T												
R												
A												
V												
E												
L												
Totals												(a)

	Date	Location	Business Purpose	Individual(s) in attendance	Company or Organization Affiliation and Title	Amount
E						
E						
T						
I						
N						
G						
S						
Totals						(b)

I hereby certify that the above information and other documentation attached are just, true and correct; that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing.

Total travel (a) _____
 Total meetings (b) _____
 Total Amount _____