

Student Travel Reimbursement Procedure

Students attending state or national conferences where they will: (1) give a presentation, (2) participate as an officer or national committee member, or (3) take part in a competition related to their program are eligible for reimbursement up to, but not exceeding \$500.00 in approved expenses.

PROCEDURE

- Step 1** **Confirmation** - Student must have a confirmed invitation to give a presentation, participate as a national officer or committee member, or take part in a competition related to your program. Confirmation must be submitted with the Student Travel Expense Reimbursement Pre-Trip Authorization Form.
- Step 2** **Submission** - Complete the Student Travel Expense Reimbursement Pre-Trip Authorization Form. Faculty sponsor or chairman must sign off on the form before it is submitted to the Dean's Office for approval. The SAP Vendor Request Form must also be completed. Please complete the forms and return to the Assistant Dean for Student Affairs at least ten (10) business days prior to the trip.
- Step 3** **Review** – The Assistant Dean for Student Affairs will review the form and supporting documents. Additional information may be required. Student traveler and faculty representative will be notified of decision. Please allow five (5) business days for notification. Notification will be sent to the student traveler, program chair/director, and sponsoring faculty member.
- Step 4** **Finalize Trip Reimbursement** - Upon return from your travel, complete the Student Travel Expense Reimbursement Request Form including all required proof of paid expenses by the student traveler must be submitted within five (5) business days of completion of travel.
- Step 5** After all required documentation is received, please allow 7 to 21 business days for processing. Reimbursement will be in the form of a paper check mailed directly to the student at the address printed on the form.

UAMS REIMBURSEMENT REQUIREMENTS

Conference Receipts

- Official conference flyer or announcement
- Registration form
- Receipt showing paid registration

Meal Receipts

- Must have an overnight stay to receive meal reimbursement
- No alcohol – UAMS does not reimburse alcohol charges – receipts must be itemized.
- Maximum reimbursable tip amount: 15%. - You can leave more, but only 15% will be reimbursed.
- Food per diem allowances vary by city/state.

Hotel Receipts

- Final receipt/folio from hotel
- UAMS will only pay for room/taxes. Incidentals such as in-house movies are the responsibility of the traveler to pay.

Airline Receipts

- Receipts for any shuttles/taxis used in the destination city. Utilize free shuttles whenever possible
- If a car was rented, see information about rental car requirements above.
- Do not rent a car if all it will be used for is transportation to and from the airport to the event or to and from the hotel to the event.
- Receipt for parking at the airport.

Rental Car Receipts

- Rental car final receipt
- Submit copy of receipt from rental car company
- Refueling receipt

EFFECTIVE DATE

This procedure will take effect on January 18, 2017.

APPROVAL

This procedure was approved by Dr. Douglas Murphy, Dean on January 18, 2017

Forms updated on March 1, 2017 to include employee/SAP information. (pf)

Forms updated on April 10, 2017 to clarify itemization of food receipts. (pf)

Forms updated on April 24, 2017 to include the SAP Vendor Request Form. (rjt)

Forms updated on November 14, 2017 to include updated SAP Vendor Request Form. (rjt)



Student Travel Expense Reimbursement Pre-Trip Authorization Form

Please complete the form and return to the Assistant Dean for Student Affairs at least two weeks prior to the trip. Incomplete forms will not be accepted. If approved, up to \$500.00 in authorized expenses may be reimbursed. To qualify for reimbursement, original receipts as proof of payment, must be submitted with the travel reimbursement form within five (5) business days of completion of travel.

Student Traveler Information (one form per student traveler)

Name of Student ID Number
Educational Program
Telephone Number UAMS Email
Emergency Contact Name & Telephone Number
Emergency Contact Relationship to Student
If also a UAMS employee, please provide your SAP number for use by the UAMS Procurement Office.

Trip Information

Location
Travel Dates - Departure Date & Time Return Date & Time
Type Meeting (e.g., national meeting, national conference, etc.)
Organization
Type Transportation: Personal Vehicle/Automobile Insurance Company
Rental Vehicle/Company
Public Transportation (airplane/bus, etc.)/Company

Estimated Travel Expenses - Expenses must be necessary and prudent. Necessary expenses reflects minimum purchase and service required to achieve a particular business objective. Prudent expenses are reasonable, not extreme or excessive.

- Meal (s) \$
Transportation \$
Lodging \$
Conference Registration \$
Incidentals \$

Purpose of Trip - Please check all that apply and provide details for all checked. Must include one.

- Give a presentation - Please provide details (e.g., name of presentation, date(s) of presentation, email or flyer with event information.)
Participate as an officer or national committee member - Please provide details (e.g., officer or committee member title, conference or meeting responsibility/ies, email or flyer with event information)

Participate in a competition related to your program - Please provide details (e.g., name of competition, date(s) of competition, student role in competition, email or flyer with event information)

Are you receiving resources from other funding sources (e.g., university, professional/national organization, etc.)?

No Yes

If yes, please provide resource details _____

Sponsoring Faculty/Program Chair Approval

I/We certify information contained on this form is accurate.

Student Traveler

Printed Name _____ Signature _____

Date _____

Sponsoring Faculty (if not Program Chair/Program Director)

Printed Name _____ Signature _____

Title _____ Date _____

Program Chair/Program Director

Printed Name _____ Signature _____

Title _____ Date _____

NOTE: Please attach official documentation from the inviting organization of this student's offer to present at the conference, seminar, workshop, or convention.

Dean's Office Use Only

Received by _____ Date _____

Approved or Denied _____ Reason for Denial _____

Dean/Designee Signature _____ Date _____

Trip Number _____



Supply Chain Business Operations
 Vendor Master Data Management
 4301 W Markham St, Slot 778
 Little Rock, AR 72205
 501-686-7273 (P)
 501-526-6569 (P)

SAP VENDOR REQUEST- Individual

General Vendor Information: please print or type all information.			
Vendor Full Name:			
DBA, (if applicable):			
Federal Taxpayer Identification Number (TIN) or SSN:			
Street Address/PO Box:			
City:	State:	Zip Code:	
Country (if outside US):	Region:	Phone:	
HIPAA Security Information			
In your work for UAMS, will you be accessing, receiving, maintaining, or creating health information of UAMS patients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes please complete BA HIPAA Security Checklist)</i>			
Type of Request:			
<input type="checkbox"/> Honorarium <input type="checkbox"/> Award <input checked="" type="checkbox"/> Non-Employee Reimbursement <input type="checkbox"/> Scholarship (Financial Aide / Bursars Office) <input type="checkbox"/> Stipend <input type="checkbox"/> Research Participant <input type="checkbox"/> Standardized Patient <input type="checkbox"/> Other : _____			
Please provide vendor detail below:			
College of Health Professions Student Reimbursement Vendor Setup			
UAMS is a sales and use tax exempt facility. Site permit ID: 070136-84-001. For more details please see: http://supplychain.uams.edu/files/2017/08/Sales-and-Use-Tax-Exemption-Permit-No.-070136-84-001.pdf			
I certify that I have reviewed the UAMS terms & conditions: http://supplychain.uams.edu/files/2017/09/Terms-Conditions_Purchase-Order_-Revision-9_1_17.pdf Yes _____ No _____			
I certify that: (i) my company is not currently engaged in a boycott of Israel, and (ii) my company will not engage in such a boycott for the duration of the contract with UAMS. Yes _____ No _____			
UAMS validates all persons or entities that are engaged in business against the federal debarred list.			

Sign:	Date:
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Please ensure the appropriate back up is attached to the email request.

Student Travel Expense Reimbursement Request Form

Student Traveler Information (one form per student traveler)

Name of Student _____ ID Number _____

Educational Program _____

Telephone Number _____ UAMS Email _____

If also a UAMS employee, please provide your SAP number for use by the UAMS Procurement Office. _____

Final Travel Expenses – Expenses must be necessary and reflect prudent decision making. Necessary expenses reflects minimum purchase and service required to achieve a particular business objective. Prudent expenses are reasonable, not extreme or excessive. All receipts under consideration for reimbursement must be in the name of the student traveler and follow UAMS guidelines for reimbursement.

- Meal(s) \$ _____
- Transportation \$ _____
- Lodging \$ _____

- Conference Registration \$ _____
- Incidentals \$ _____

Conference Receipts

- Official conference flyer or announcement
- Registration form
- Receipt showing paid registration

Meal Receipts

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- Receipt for parking at the airport.

Rental Car Receipts

- Rental car final receipt
- Submit copy of receipt from rental car company
- Refueling receipt

I certify the expenses listed above were incurred and paid by me. I understand reimbursement by the College of Health Professions is subject to University of Arkansas for Medical Sciences procurement guidelines.

Student Traveler Signature _____ Date _____

Approver Signature _____ Date _____

NOTE: Reimbursement will be in the form of a paper check, mailed to the student traveler at the address printed on the Reimbursement Request Form. Please allow 7 to 21 business days for processing.

Dean's Office Use Only

Received by _____ Date _____

Dean/Designee Signature _____ Date _____

Trip Number _____

NOTES:
