

**UB Foundation
Travel and Meeting Reimbursements**

Payee Name _____ Account # _____ Total Amount \$ _____

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

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