

RCP Reimbursement Request Form

Revised 3.11.2024

Name _____ UMN EmplID/Student ID _____

Address _____ City/State/Zip _____

UMN Email _____ Daytime Phone _____

Business Justification for Expenses (who, what, where, when, why)				
Date	Description of Travel or Expense	Mileage (if applicable)	Expense Amount* (mileage @ current federal rate)	Subtotal
TOTAL AMOUNT TO BE REIMBURSED				

* For purchases, an ITEMIZED receipt must be provided with this completed form

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My signature below certifies:

- I am entitled to reimbursement for travel or other expenses according to [University of Minnesota policy](#)
- The listed expenses are legitimate and allowable business expenses
- I am not requesting reimbursement for expenses that have been or will be reimbursed by other sources

Signature _____ Date _____

Incomplete or unsigned forms will be returned and may delay your reimbursement