

# TRAVEL COMPLETION CHECKLIST

(This information is required for online processing/submittal)

Traveler's Name \_\_\_\_\_

## Itinerary

Departure Date and Time \_\_\_\_\_

Return Date and Time \_\_\_\_\_

Reason for departure/return date change (if applicable)

\_\_\_\_\_

Reconfirm personal days taken during trip (dates) \_\_\_\_\_

Received travel advance

All travel expenses paid by another agency

## Checklist for receipts being submitted for reimbursement (submit original receipts):

car rental receipt for RCUH credit card or P.O.

car rental receipt with personal charge card \$ \_\_\_\_\_

parking \$ \_\_\_\_\_  gas \$ \_\_\_\_\_

taxi/shuttle service \$ \_\_\_\_\_

supplies (description of purchase and amount)

\_\_\_\_\_  
\_\_\_\_\_

passenger ticket receipt (must be submitted according to RCUH policies)

conference receipt \$ \_\_\_\_\_ (circle how payment was made: personal charge card/check/cash/RCUH P.O.)

submit hotel receipts if claiming excess lodging or requesting reimbursement for hotel phone calls: \$ \_\_\_\_\_ total (hotel) daily rate at \_\_\_\_\_ days  
\$ \_\_\_\_\_ total telephone reimbursement

no receipts for \_\_\_\_\_ \$ \_\_\_\_\_ (require signed certification)

submit signature page for charge card/personal check payments (if PCSU does not have one on file)

other (description and amount) \_\_\_\_\_

\_\_\_\_\_

Please mail originals to:

Pacific Cooperative Studies Unit

3190 Maile Way St. John #408

Honolulu, HI 96822-2279

Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Project # \_\_\_\_\_