Dear Mr./Ms. LAST NAME:

Please accept this letter as a formal invitation to visit the University of Hawaii, John A. Burns School of Medicine, DEPARTMENT/PROGRAM NAME. The purpose of your visit is to PURPOSE from DATE to DATE. The University will reimburse you for the following expenses. Please use this as a guideline while making arrangements for your trip.

1. **Airfare:**
   a. Type: Non-Refundable, Roundtrip Economy/Coach Class Airfare
   b. Reservation: **INDICATE IF TRAVELER OR UNIVERSITY WILL MAKE RESERVATION.**
   c. Quotations: If personal time is involved, please obtain a second business-only itinerary-quote for comparative purposes. The University will only pay the lower of the two itineraries/quotes.
   d. Documentation: Receipt showing name, date, list of charges, amount, and proof of payment. Boarding passes to confirm flight times.

2. **Hotel:**
   a. Type: Economy Room
   b. Reservation: **INDICATE IF TRAVELER OR UNIVERSITY WILL MAKE RESERVATION.**
   c. Federal Allowable Rate (FAR) for Oahu, Hawaii: FAR RATE per night
   d. Quotations: If hotel rate exceeds FAR, please obtain two additional hotel quotations.
   e. Documentation: Receipt showing name, date, list of charges, amount, and proof of payment.

3. **Meals:**
   a. Type: **PICK 1 OF THE FOLLOWING 3 OPTIONS: 1) FAR, 2) Flat Rate, 3) Actual Receipts not to exceed FAR**
   b. Rate: FAR RATE or FLAT RATE per day
   c. Documentation: **PICK 1 OF THE FOLLOWING 2 OPTIONS: 1) FAR or Flat Rate-No receipts required, 2) Actual Receipts-Receipt showing name, date, list of charges, amount, and proof of payment.**
   d. Limitations: Actual Receipts-No alcohol or tips

4. **Ground Transportation:**
   a. Type: Economy Compact Car, Taxi, or Shuttle
   b. Reservation: **INDICATE IF TRAVELER OR UNIVERSITY WILL MAKE RESERVATION.**
   c. Documentation: Receipt showing name, date, list of charges, amount, and proof of payment.
   d. Limitations: Car Rental-No insurance; Taxi/Shuttle-No tips

5. **Baggage:**
   a. Documentation: Receipt showing name, date, list of charges, amount, and proof of payment.
   b. Limitations: One baggage; Justification required for two or more baggage

6. **Honorarium:**
   a. Definition: A payment primarily intended to confer distinction on or to demonstrate respect, esteem or admiration for the recipient. Not considered a fee for service, e.g. guest speaker.
   b. Documentation: None. Entire amount will be reportable.
   c. Limitations: Should not exceed $500.

Questions and documentation may be directed to CONTACT NAME by phone (PHONE #) or by email (EMAIL ADDRESS). If you would prefer a reportable, lump-sum, travel allowance paid to you upon completion of your travel, please let us know. We look forward to seeing you.

Sincerely,

PI NAME
TITLE