



Expense Reimbursement Form

Must Submit Within 10 Days of Return from Travel
Attach Receipts/Supporting Documentation

See the Procurement and Bid Policy and Travel and Entertainment Policy for additional information related to allowable expenses.

REQUESTOR: _____ SCHOOL ID#: _____ PHONE: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

If the reimbursement is related to a trip or event, please fill out the following:

OFFICIAL DATES OF EVENT: _____ LOCATION OF EVENT: _____

NAME OF EVENT/BUSINESS PURPOSE: _____

Only include out-of-pocket costs incurred for reimbursement. Do not include any expenses on this form that were paid directly by the University. Note: Sales tax will not be reimbursed.

1. Registration Fees	<table border="1"><tr><td colspan="2">Actual Costs</td></tr><tr><td colspan="2">(Complete Upon Return)</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>		Actual Costs		(Complete Upon Return)							
Actual Costs												
(Complete Upon Return)												
2. Lodging												
3. Auto Mileage (miles x rate)												
Total Miles Driven	<input type="text"/>											
Mileage Rate	<input type="text"/>											
(attach MapQuest or Google-maps as support)												
4.a Meals - Actual Cost	<input type="text"/>											
4.b Meals Allowance	<input type="text"/>											
Number of Days	<input type="text"/>											
Daily Rate	<input type="text"/>											
5. Rental Car	<input type="text"/>											
6. Taxi/Ride Share	<input type="text"/>											
7. Parking	<input type="text"/>											
8. Other (tolls, tips, other misc.)	<input type="text"/>											
9. Other (non-travel related, other)	<input type="text"/>											
10. Total (lines 1-9)	<input type="text"/>											

Charge to the following accounts:

Department Name	Fund	Org	Acct	Program	Amount
TOTAL:					

EXPENSE REIMBURSEMENT REQUEST:

REQUESTOR: _____
Print _____ Sign _____ Date _____

APPROVED BY: _____
Immediate Supervisor Print _____ Sign _____ Date _____