



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.

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

Charge to the following accounts:

Department Name	Fund	Org	Acct	Program	Amount
TOTAL:					

EXPENSE REIMBURSEMENT REQUEST:

REQUESTOR: _____
PrintSignDate

APPROVED BY: _____
Immediate Supervisor PrintSignDate