



EXPENSE REIMBURSEMENT REQUEST

| | |
|------------------|---|
| NAME: | <input type="checkbox"/> NOTIFY WHEN READY <input type="checkbox"/> MAIL (Please provide address) |
| DEPARTMENT: | EXT: |
| MAILING ADDRESS: | |

| |
|---------------------------------------|
| PURPOSE OF TRIP OR BUSINESS ACTIVITY: |
| |
| |

| DATE: | | | | | | | | |
|---|--|--|--|--|--|--|--|---------------|
| DESTINATION FROM: | | | | | | | | |
| DESTINATION TO: | | | | | | | | |
| TRANSPORTATION | | | | | | | | TOTALS |
| (CALCULATED @ CURRENT RATE OF .67 PER MILE) MILEAGE | | | | | | | | |
| VEHICLE RENTAL & GAS | | | | | | | | |
| GASOLINE (Other than for rentals) | | | | | | | | |
| PARKING/TOLLS | | | | | | | | |
| AIR FARE | | | | | | | | |
| TAXI/BUS | | | | | | | | |
| LODGING | | | | | | | | |
| ROOM CHARGES | | | | | | | | |
| MEALS | | | | | | | | |
| FOOD/BEVERAGE PURCHASES | | | | | | | | |
| FEES | | | | | | | | |
| CONFERENCE FEES | | | | | | | | |
| MISC. (Must add acct # at bottom) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TOTALS | | | | | | | | |

ATTACH DETAILED RECEIPTS

| | |
|----------------------|--|
| LESS AMOUNT ADVANCED | |
| BALANCE DUE | |

| | DATE | FUND | DEPT | CODE | | TOTAL |
|----------------------------|------|------|------|------|-----------------------|-------|
| EMPLOYEE SIGNATURE | | | | 7891 | Mileage | |
| | | | | 7892 | Lodging/Meals/Airfare | |
| DIV DEAN/MANAGER | | | | 7893 | Vehicle Rentals | |
| | | | | 7894 | Conference Fees | |
| CABINET MEMBER (IF NEEDED) | | | | | | |
| | | | | | | |

IF EQUAL TO OR ABOVE \$5,000, a signature from the President, Provost, or CFO is needed _____