

## EXPENSE REIMBURSEMENT REQUEST

DEPARTMENT:   EXT:     MAILING ADDRESS:	NAME:					IFY WH	IEN READ	DY 🗌	MAIL (Pleas	e provide	address)
PURPOSE OF TRIP OR BUSINESS ACTIVITY:       DATE:     Image: Contract of the second	DEPARTMENT:							EXT:			
DATE:   Image: Constraint of the second se	MAILING ADDRESS:										
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DESTINATION TO:   Image: Construct of the second											
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(CALCULATED & CURRENT RATE OF .70 PER MILE) MILEAGE											TOTALS
VEHICLE RENTAL & GAS	(CALCULATED @ CURRENT RATE										
GASOLINE (Other than for rentals)											
PARKING/TOLLS   Image: Constraint of the second s											
AIR FARE   Image: Constraint of the second											
TAXI/BUS   Image: Constraint of the second											
ROOM CHARGES   Image: Standard accel and stan											
MEALS   Image: Conference Fees   Image: Conference Fees <thimage: conference="" fees<="" th="">   Image: Conference Fees   Image: Conference F</thimage:>	LODGING										
FOOD/BEVERAGE PURCHASES   Image: Conference FEES											
FEES   Image: Conference Field   Image:											
CONFERENCE FEES   Image: C				_							
MISC. (Must add acct # at bottom)   Image: Constraint of the second se											
Image: Signature   DATE   FUND   DEPT   CODE   TOTALS     Image: Signature   DATE   Image: Signature   TOTALS   Image: Signature   TOTALS     Image: Signature   DATE   Image: Signature   Image: Signature <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>											
ATTACH DETAILED RECEIPTS     LESS AMOUNT ADVANCED     BALANCE DUE     BALANCE DUE     FUND   DEPT   CODE   TOTAL     EMPLOYEE SIGNATURE   DATE   7891   Mileage     DIV DEAN/MANAGER   DATE   7892   Lodging/Meals/Airfare     CABINET MEMBER (IF NEEDED)   DATE   Output   Output											
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IF FUUAL TU UK ABUYE S5,000, a signature from the President, Provost, or CEU is needed	IF FOUAL TO OR ABOVE \$5,000, a signati	ire from the	President.	Provos	t. or CFO	<mark>is needeo</mark>	1				

SMU 01/2025