



## 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 .70 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

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

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