



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 .50) 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 _____ DATE _____			7891 Mileage		
			7892 Lodging/Meals/Airfare		
			7893 Vehicle Rentals		
DIV DEAN/MANAGER _____ DATE _____			7894 Conference Fees		

CABINET MEMBER (IF NEEDED) _____ DATE _____

IF EQUAL TO OR ABOVE \$5000, CFO or Provost or President Approval _____