



EXPENSE REIMBURSEMENT REQUEST

NAME: NOTIFY WHEN READY 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	
			7894 Conference Fees	
DIV DEAN/MANAGER _____ DATE _____				
CABINET MEMBER (IF NEEDED) _____ DATE _____				