# Expense Reimbursement Request

**NAME:**

**NOTIFY WHEN READY** □  **MAIL (Please provide address)** □

**DEPARTMENT:**

**EXT:**

**MAILING ADDRESS:**

**PURPOSE OF TRIP OR BUSINESS ACTIVITY:**

<table>
<thead>
<tr>
<th>DATE:</th>
<th>DESTINATION FROM:</th>
<th>DESTINATION TO:</th>
</tr>
</thead>
</table>

**TRANSPORTATION**

- (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**

<table>
<thead>
<tr>
<th>FUND</th>
<th>DEPT</th>
<th>CODE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>7891</td>
<td>Mileage</td>
<td>7892</td>
<td>Lodging/Meals/Airfare</td>
</tr>
<tr>
<td>7893</td>
<td>Vehicle Rentals</td>
<td>7894</td>
<td>Conference Fees</td>
</tr>
</tbody>
</table>

**LESS AMOUNT ADVANCED**

**BALANCE DUE**

**EMPLOYEE SIGNATURE**  DATE

**DIV DEAN/MANAGER**  DATE

**CABINET MEMBER (IF NEEDED)**  DATE

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