

Name		Phone Number		Mail check:			
Address		OR City, State, Zip		Hold check: Please Attach Envelope			
Reason for Expenditures & Location(s):							
Please Check Appropriate Box:		Employee:		Student:		Guest/Other:	
DATES OF TRAVEL							Totals
Mileage (Personal vehicle use only)							-
Mileage Reimbursement (\$0.6 5/mile)		-	-	-	-	-	-
Airfare / Rail							
Parking / Tolls							-
Enter details below if required (names of other diners, topic discussed etc)	Breakfast						-
	Lunch						-
	Dinner						-
Tips (All tips other than meal tips, which s/b included with meal totals.)							-
Lodging / Room							-
Phone / Fax / Internet							-
Postage/ Shipping							-
Seminar / Conference Fees							-
Miscellaneous (complete detail explanation below)							-
Daily Totals		-	-	-	-	-	-

Total Expenses

Meals and Misc. Detailed Explanations:

Date	Expense Description	Explanation	Amount

Expense reimbursements are due within 15 days of end of travel/event

I certify the information provided above is an accurate record of expenses incurred by me. I have read the Travel Policy and Cash Advance Policy (if applicable) and have agreed to the terms.

Signature:	Date:	Total Expenses:	\$ -
Please Print Name:		Personal Expense(s) (Subtract):	
Supervisor or Approval Signature:	Date:	Cash Advance (Subtract):	
Supervisor Printed Name:		Due University (please attach payment)	
Account Number(s):		Due Individual:	\$ -
NOTES:			

PLEASE SEE REVERSE FOR POLICY; ADHERENCE IS MANDATORY

Travel, Meals & Entertainment Expense Reimbursement Policy

All on-campus meals being paid for by University funds *must* have an approved Aramark waiver attached for reimbursement.