REQUEST FOR REIMBURSEMENT

NAME: ____________________________________________________________________

DATE: ____________________________________________________________________

PURPOSE (EXPLAIN HOW THIS EXPENSE* RELATES TO UNIVERSITY BUSINESS):
*Original receipt required (for expenses, unless otherwise specified; expense over $50 requires a receipt. Payment for all meals requires an itemized receipt with proof of payment.)

______________________________________________________________________________
______________________________________________________________________________

Transportation:

☐ Airfare (original plane ticket must be attached)  __________
☐ Train (original train ticket must be attached)  __________
☐ Mileage (car) _______ miles round-trip @ $0.545 per mile  __________
☐ Rental Car (original receipt must be attached and rationale)  __________

Accommodation:

☐ Lodging (original receipts required. CREDIT CARD RECEIPTS CANNOT BE ACCEPTED)  __________
☐ Meals (attach all receipts and itemize as noted per day)  __________
  Breakfast  Lunch  Dinner

Local Transportation:

☐ Tolls  __________
☐ Parking  __________
☐ Registration  __________
☐ Other (please explain)  __________

Supplies, Publications, Other Expenses

☐ Office Supplies/Books*  __________
☐ Postage  __________
☐ Telephone Toll Charges (Home phone – must itemize calls, Indicate purpose of call)  __________
☐ Duplicating of author reprints  __________
☐ Other (please explain)*  __________

*Original receipt required (for expenses, unless otherwise specified; expense over $50 requires a receipt. Payment for all meals requires an itemized receipt with proof of payment.)

Submitted by: __________________________________________
(Print name)

Signature: __________________________________________

PS: Small incidental purchases must not exceed $500. All reimbursement requests must be submitted within 45 days of purchase.