

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: AMOUNT

- 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.