

Date

Name _____
 Mailing Address _____
 City, State, Zip _____
 Department _____
 Trip to/Purpose of Trip _____
 Travel Dates _____

IMPORTANT:

- Include complete original itemized receipts or other supporting document with request.
- Attach receipts to paper in the order they appear here with subtotals by line.
- Clearly note if only partial reimbursement is requested.
- Attach proof of exchange rate if foreign currency used.

*** Missing receipts or back-up documentation, or failure to complete this form correctly, may result in payment delay.***

Explanation

Account No _____ Amount _____
 Account No _____ Amount _____
 Account No _____ Amount _____
 Account No _____ Amount _____

Advances (If you previously received a cash advance or reimbursement for this trip, complete this section.)

Cash Received _____
 Airline Tickets _____
 Registration _____
 Hotel Deposit _____
 Other _____
 *Total Advances _____

Expenses (Include all costs for this trip)

Airfare _____
 Transportation (Train/Bus/Taxi/Uber) _____
 Personal Auto - **attach map** (enter # of miles & it will calculate @ \$0.76/mile) _____
 Auto Rental _____
 Hotel _____
 Registration _____
 Meals _____
 Baggage _____
 Parking/Tolls/Gas _____
 Tips _____
 Miscellaneous _____
 Total Expenses _____
 *Less Advances _____
 Approved but not funded (For Deans only) _____
 Balance Due to Naz/Employee _____

APPROVER INFORMATION

Requestor Signature _____	Date _____
Department Head Signature (required) _____	Date _____
Dean Signature _____	Date _____
Dir. of Payroll & A/P/Controller Signature _____	Date _____

CONTROLLER'S OFFICE USE ONLY

Faculty/Staff Payments - AP Type 03 - ACH