

Expense Reimbursement Report

Complete all areas in red font

Auto-fill sections are indicated in green

Payee's Name (Last, First)		Period Covered				Office Phone			15-digit Account #		Amount	
Last, First		То				Office extension number			Contact budget manager		Approved \$	
Address		Mailing Instructions				Miscellaneous			for budget number.			
Address		VInter Campus*Indicate check delivery method			Notes-add any additional information here							
ID#:		Ext.		US Mail								
	urpose: Include purpose											
List individ	uals/Groups Involved: If		elf are involved,	please				<u> </u>	Total		-	
D . I .	B		uto	1 - 1 - 2	D // /D	Meals		Oth	er Expenses		Total	
Date	Description Name of expense.	Miles	Amount	Lodging Lodging amt.	B/L/D	Amount Meal amt.	Desc	ription		Amount	Ic	ital
Date of	Name of expense.	# of miles	-	if claiming		if claiming					This sout	-
expense		if claiming		lodging		meals					This sect	
		mileage	_	louging		IIIeais					fill	ally -
Examples			_									
			-									-
			-									-
11/18/17	Hilton Hotels		-	\$220.00			Lodg	ging for conference	ce travel			\$220.00
			-									-
11/16/17	Round-trip to airport	50	\$26.75							\$26.75		\$26 . 75
			-									-
11/17/17	Starbucks		-		В		Brea	ıkfast meal at cor	nference	\$9.50		\$9.50
			-									-
			-									-
			-									-
												-
			_									
			_									_
			_									-
			-									-
Totals		-	-	-		-				-		-
	Authorized Signatures											
I certify that this report is correct to the best of my belief and that payment or credit has not been previously received by me. Less Advances Received												
Requestor's Signature SIGN HERE			Date Immediate Supe			visor/Budget Manager Date				Net Due Payee		
			Supervisor Sig					N∈	et Due University		/ \$256.25	

Please call Accounts Payable at (909) 748-8185 for assistance.