

EMPLOYEE EXPENSE REIMBURSEMENT
This form is to be used for reimbursement of all approved travel, entertainment and related expenditures as outlined in the Travel Policy.

NAME: _____

Period Covered: _____ Dept # to be charged: _____

Date	Mileage	Payee & Explanation	Fares	Lodging	Meals & Entertainment	Gas & Parking	Other	Amount
TOTALS:			\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
								\$ 0.00
Total	0	Miles @ \$0.40 /mile = \$ 0.00					X	
		(if completed electronically, the total appends automatically to "amount" column at right)					X	
							I attest that these are my incurred business expenses	Print Name