



Travel Expense/Reimbursement Report

-Are any of the below requested reimbursement amounts in excess of the limits? YES NO

-If yes, do you want to be reimbursed for those amounts in excess? YES NO

-If yes, nature of circumstances resulting in excess expenses: _____

Name: _____

Date: _____

Position: _____

Location: _____

Department: _____

Nature of Official Business: _____

Date	Description of Expense	Travel					Lodging (<\$222)	Meals			Other*	Total
		Fuel	Tolls	Miles	Mileage	Air/Other		Breakfast (<\$17)	Lunch (<\$18)	Dinner (<\$34)		
Total Expenses		\$	\$		\$	\$	\$	\$	\$	\$	\$	\$

(Mileage reimbursement for personal vehicle is /mile)

Total Reimbursement Amount Requested

Total In Excess
(to be completed by Office)

Total Recommended Reimbursement
(to be completed by Office)

***** Receipts MUST be attached for each expense in order to be eligible for reimbursement*****

**Itemized Expenses or Description for "Other"*

Date	Description	Amount

Coding (for office use only)

Code Amount
 .B117
 .C222

_____ Total

Signature of Requester

Approved by **Title**

Date