

## Travel Expense Reimbursement Report v12/09 Accounts Payable Department 3201 Arch Street, Suite 400 (215) 895-2840

Please type or print legibly. Employee name:							Employee ID: (Do not use Social Security Number.)					
Home address 1:							Department:					
Home address 2:							Telephone:					
City: State:					Zip:		Destination:					
Reimbursements will be ma	ailed to the employed	e's home address.										
Business purpose	of travel (Attac	n copy of the agenda,	list participants, ex	plain relationship to	University a	activity or proje	ect.):	Domestic T	**Co	eign Travel: nvert expens nsult http://w	** ses to US Dollars ww.oanda.com	
	Dates							Total	Less:	Total Prior to		
Description	Acct.									Prepaids	Advance & 3rd Party	
Air/Rail												
Tolls / Parking/ Taxi												
Personal Auto Miles												
Mileage Rate (Date Driven	)											
Hotel / Lodging												
Meals												
Entertainment												
Auto Rental												
Registration												
Telephone												
Other Business Expense	es											
Total Expenses												
Domestic travel: 3320	Foreign ti	avel: 3330		1	1			1			•	
Cost Center Title Fund Org.					Acct.	Actv.	Amount				Amount	
								Total Price Pri	or to Advance &	Third Party		
								Less: 3 <sup>rd</sup> Part	y Payment			
									vee Travel Advan	се		
								Cash Advance	e Date			
						-		Net Due Employee				
								Net Due Unive	ersity			
			Total (M	ust equal Net Due E	mployee.)							
Approvals	Name (print) Signature					Date		Certification				
Traveler's Supervisor:							I certify that this report is a true and accurate accounting of expenses					
Authorized Signer: (Other than supervisor)								incurred in connection with authorized University travel. If funded by a grant or contract, I further certify that the expenses comply with the applicable cost principles and regulations of the sponsoring entity.				
Research Approval: Required for Grants/Contracts)							Employee Signature: Date:					