



Travel Expense Reimbursement Report v 1/22

Procurement Services
 3201 Arch Street, Suite 400 (215) 895-2876

Please type or print legibly. Employee name:	Employee ID: <small>(Do not use Social Security Number.)</small>
Home address 1:	Department:
Home address 2:	Telephone:
City: State: Zip:	Destination:

Reimbursements will be direct deposit to employee.

Business purpose of travel (Attach copy of the agenda, list participants, explain relationship to University activity or project.): **Domestic Travel:** **Foreign Travel:** **

**Convert expenses to US Dollars
Consult <http://www.oanda.com>

Description	Acct.	Dates					Total	Less: Prepays	Total Prior to Advance & 3rd Party
Personal Auto Miles									
Mileage Rate (Date Driven)									
Tolls/Parking/Taxi									
Total Expenses									

Cost Center Title	Fund	Org.	Acct.	Actv.	Amount	Amount
						Total Price Prior to Advance & Third Party
						Less: 3rd Party Payment
						Less: Employee Travel Advance
						Cash Advance Date
						Net Due Employee
						Net Due University
Total (Must equal Net Due Employee.)						

Approvals	Name (print)	Signature	Date	Certification
Traveler's Supervisor:				I certify that this report is a true and accurate accounting of expenses 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.
Expense Approver: <small>(Other than supervisor)</small>				
Preparer: <small>(If other than traveler)</small>				
			Employee Signature:	Date: