Travel Expense Reimbursement Report v 1/20

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

Reset

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 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: Prepaids	Total Prior to Advance & 3rd Party
XXXX	XXXX							0.00		0.00
XXXX	XXXX							0.00		0.00
Personal Auto Miles		x 0	x 0	x 0	x 0	x 0	x 0			
Mileage Rate (Date Driven)	3327	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
XXXX	XXXX							0.00		0.00
XXXX	XXXX							0.00		0.00
XXXX	XXXX							0.00		0.00
XXXX	XXXX							0.00		0.00
XXXX	XXXX							0.00		0.00
Tolls/Parking/Taxi	3327							0.00		0.00
XXXX	XXXX							0.00		0.00
Total Expenses		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Cost Center Title	Fund	Org.	Acct.	Actv.	Amount
			XXXX		0.00
			XXXX		0.00
			3327		0.00
			XXXX		0.00
			XXXX		0.00
			XXXX		0.00
			XXXX		0.00
			XXXX		0.00
			XXXX		0.00
Total (Must equal Net Due Employee.)				0.00	

	Amount
Total Price Prior to Advance & Third Party	0.00
Less: 3rd Party Payment	
Less: Employee Travel Advance	
Cash Advance Date	
Net Due Employee	0.00
Net Due University	0.00

Approvals	Name (print)	Signature	Date
Traveler's Supervisor:			
Expense Approver: (Other than supervisor)			
Preparer: (If other than traveler)			

Certification

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.

Employee Signature: Date: