

Travel Expense Reimbursement Report v 7/22

Procurement Services

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

Please type or print legibly. Employee name:				Employee ID: (Do not use Social Security Number.)								
Home address 1:				Department:								
Home address 2:				Telephone:								
City: Reimbursements will be c	State:	Zip: Destination:										
			enda, list participants, explain relationship to University activity or project.):					Domestic [*]	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	
Personal Auto Miles												
Mileage Rate (Date Dri	ven)											
Telle/Derking/Texi												
Tolls/Parking/Taxi												
Total Expenses												
Cost Center Title			Fund	Org.	Acct.	Actv.	Amount			1	Amount	
								Total Price P	rior to Advance &	Third Party		
								Less: 3 rd Party Payment				
								Less: Employee Travel Advance				
								Cash Advance Date				
								Net Due Employee Net Due University				
			·		· .			Net Due Univ	ersity			
				ust equal Net Du	e Employee.)	Data						
Approvals	Name (prin	rint) Signature Date					Certification I certify that this report is a true and accurate accounting of expenses					
Traveler's Supervisor: Expense Approver: (Other than supervisor)							incurred in o grant or cor	connection with a tract, I further co	authorized Univer ertify that the expendence of the second s	sity travel. If fu enses comply w	nded by a rith the	
Preparer:							Employee S			Dat		
(If other than traveler)					1		Lubioyee 3	ignature.		Dai	0.	