



Local Business & Entertainment Expense Report

Accounts Payable Department 1/2012

3201 Arch Street, Suite 400 (215) 895-2840

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:	Purpose of business expense:	
Reimbursements will be mailed to the employee's home address.				

Date	**Description	Place/Location	Business Affiliation/ Guest Names	Amount
Round Trip Mileage	(Less) Round Trip Normal Commute	(=) Net Business Mileage	(x) Mileage Rate (Date Driven)	

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Round Trip Mileage	(Less) Round Trip Normal Commute	(=) Net Business Mileage	(x) Mileage Rate (Date Driven)	

** List all alcoholic beverages separately and charge to account 3344 (unallowable for grants/contracts).

Total Expenses (Attach all receipts.)

Cost Center Title	Fund	Org.	Acct.	Actv.	Amount
Total (Must equal total expenses above.)					

Certification	
I certify that this report is a true and accurate accounting of expenses incurred in connection with authorized University business. 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

Approvals	Name (print)	Signature	Date
Traveler's Supervisor:			
Authorized Signer: (Other than supervisor)			
Research Approval: (Required for grants/Contracts)			