



# Local Business & Entertainment Expense Report

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:

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)		

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)		

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)		

\*\* 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
<b>Total</b> (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)			