



Travel Expense Reimbursement Report

Accounts Payable Department
 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:	Destination:
State:	Zip:

Reimbursements will be mailed to the employee's home address.

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
Air/Rail									
Tolls / Parking/ Taxi									
Personal Auto Miles									
Mileage Rate (Date Driven)									
Hotel / Lodging									
Meals									
Entertainment									
Auto Rental									
Registration									
Telephone									
Other Business Expenses									
Total Expenses									

Domestic travel: 3320 Foreign travel: 3330

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.
Authorized Signer: <small>(Other than supervisor)</small>				
Research Approval: <small>(Required for Grants/Contracts)</small>				
			Employee Signature:	Date: