DREXEL UNIVERSITY
COLLEGE OF MEDICINE

Travel Expense Reimbursement Report v1/1/12

Accounts Payable Department
3201 Arch Street, Suite 400 (215) 895-1462

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 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: Prepaids	Total Prior to Advance & 3rd Party
Air/Rail	3310							0.00		0.00
Tolls / Parking/ Taxi	3320							0.00		0.00
Personal Auto Miles		x 0	x 0	x 0	x 0	x0	x0			
Mileage Rate (Date Driven)	3320	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
Hotel / Lodging	3346							0.00		0.00
Meals	3320							0.00		0.00
Entertainment	3344							0.00		0.00
Auto Rental	3356							0.00		0.00
Registration	3340							0.00		0.00
Telephone	3320							0.00		0.00
Other Business Expenses	3320							0.00		0.00
Total Expenses		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Domestic travel: 3320 **Foreign travel: 3330**

Cost Center Title	Fund	Org.	Acct.	Actv.	Amount		Amount
			3310		0.00	Total Price Prior to Advance & Third Party	0.00
			3320		0.00	Less: 3rd Party Payment	
			3346		0.00	Less: Employee Travel Advance	
			3344		0.00	Cash Advance Date	
			3356		0.00	Net Due Employee	0.00
			3340		0.00	Net Due University	
Total (Must equal Net Due Employee.)					0.00		

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

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: