

TRAVEL EXPENSE REIMBURSEMENT FORMS
INSTRUCTIONS
[\(SEE UPP 1-09 TRAVEL POLICY FOR DETAIL\)](#)
(SEE COMPTROLLER’S WEB SITE FOR REVISED FORMS)

Instructions for completing Travel Expense Reimbursement Form are as follows:

- DATE:** Date expenses were incurred.
- LOCATION:** City and State, or Country traveling from/to.
- AUTO:** Auto rental cost or mileage allowance.
1. Report auto rental cost and attach original receipts.
 2. For use of personal auto, indicate:
 - A. Miles driven – the dollar amount will calculate based on the current calendar year 2005 reimbursement rate of \$0.405 cents per mile.
 3. Include toll charges and parking fees in “Other Expenses”.
- AIR:** Cost of airline fare. Attach the passenger receipt.
- TRAIN/BUS:** Cost of train or bus fare. Attach original receipts.
- LODGING:** Room charge, plus tax.
1. Include meals in “Meals” column.
 2. Include telephone expense in “Other Expenses”.
 3. Attach the original itemized hotel/motel bill.
- MEALS:** List each meal separately (DO NOT LIST \$30. PER DIEM).
1. Include receipts for all expenditures over \$10.00.
 2. List meal expenditures incurred for others in “Other Expenses”.
 3. Include original invoices for expenditures for others regardless of amount.
- OTHER EXPENSE:** List all other allowable expenses in this column, including:
- A. Tolls and parking fees.
 - B. Motel/hotel phone charges.
 - C. Meals and entertainment paid for others (attach all receipts).
1. Note the natural (account) the expense should be charged to.
 2. Attach original receipts for any expense over \$10.00.
- TOTAL EXPENSE:** Total of each column.

% REIMBURSED: If the department practice is to reimburse for less than 100%, include the allowable percentage. If the department practice is to reimburse a flat amount rather than a percentage, post this amount in the \$ to be reimbursed field.

RC/RESTRICTION: Note the Responsibility Center (Cost Center) and Restriction or Grant, if applicable. If you are charging the expenses to more than one account, prepare a separate form for each RC/Restriction or Grant account and attach all Reimbursement forms to the receipts.

TOTAL EXPENSES: Grand total of all expenses to be reimbursed.

ADVANCE: The check number and dollar amount of the travel advance.

BALANCE RET'D: If the advance exceeds the amount of the expenses:

1. Return the surplus to the Bursar crediting the account that was charged for the advance and using Natural 6990.
2. Attach the validated yellow copy of the Cash Receipt Voucher to this report.

BALANCE DUE: If there is no advance, or the expenses exceed the amount of the advance, this is the amount that will be reimbursed.

SIGNATURE: Signature and date of employee incurring travel expenses.

APPROVAL: Signature and date of Supervisor approving the travel expenditures.

Instructions updated for 2005 mileage rate.