



Employee Expense Claim Form

(do not use this form for on-call mileage reimbursement)

Employee Name:		Date of Request:	
Employee Accounting Unit:		<i>Form will not be processed without accounting unit coded</i>	
Account Coding:		<i>Form will not be processed without account number coding</i>	

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
	date	date	date	date	date	date	date	
Meals								
Breakfast								
Lunch								
Dinner								
Travel Expenses:								
Lodging								
Auto Rental								
Gas (allowed with auto rental only)								
Plane Fare								
Other Transportation (explain below)								
Mileage @ 56.0 cents per mile **								
Miscellaneous								
Other (explain below)								
Less Advance								
Total								

add down

add across →

Explanation of "Other" / Mileage Reimbursement Calculation Workspace

Line 26: Reimbursement for Mandatory Background Checks

** use prevailing IRS mileage reimbursement rate (call Accounting Department if unsure); **do not** use this form for on-call mileage reimbursement

All supporting receipts (originals, where possible) should be attached and submitted with this claim form.

Employee Signature / Date

Department Head Signature / Date

Division Head Signature / Date

Employee expense claims must be signed by a Department Head; Department Head expense claims must be signed by a Division Head

Reason for Expenditure