

TRAVEL AND BUSINESS EXPENSE REPORT

Please note: This form **MUST** be submitted **no later than 30 days after** your listed return date. A request for reimbursement submitted after **30 days window** may not be honored. (REFER TO [REGULATION 3-3](#) AND TRAVEL, MILEAGE AND OTHER REIMBURSEMENT GUIDELINES)

- Attach **ALL** receipts for which you are requesting reimbursement to this form.
- When requesting meal reimbursement, only **ITEMIZED** receipts are accepted.
- When requesting mileage reimbursement, include the total miles of distance traveled.
- A justification memo may be requested by the Finance Department for some expenses (refer to travel guidelines).
- Reimbursements are issued as **NON-TAXABLE** income to your regular biweekly salary, issued the first pay date following the processing of this form.

EMPLOYEE NAME (First, Last): _____ EMPLOYEE ID # _____

BUDGET ACCOUNT NUMBER: _____

DATE(S) OF ABSENCE: FROM: _____ TO: _____

(1) MEALS – PER GSA

DATES	BREAKFAST	LUNCH	DINNER	MISCELLANEOUS	TOTAL AMOUNT
MEAL TOTAL					

(2) TRANSPORTATION – PER GSA / IRS

DATES	TRAIN / TAXI / RIDESHARE	MILEAGE		TOLLS	TOTAL AMOUNT
		NUMBER OF MILES	MILES (X) IRS		
TRANSPORTATION TOTAL					

(3) MISCELLANEOUS – PER GSA

DATES	ITEM DESCRIPTION	UNIT COST	QUANTITY	TOTAL AMOUNT
MISCELLANEOUS TOTAL				

1. EMPLOYEE	SIGNATURE	DATE
2. SUPERVISOR	SIGNATURE	DATE
3. AREA HEAD (ONLY for inter-campus mileage reimbursement)	SIGNATURE	DATE
4. BUDGET	SIGNATURE	DATE

TOTAL REIMBURSEMENT AMOUNT: \$ _____