

Reimbursement Request (Travel)

Name: _____ Phone Number: _____ Net ID: _____

Mailing Address:

Street: _____

City: _____ State: _____ Zip code: _____

*If you would like to pick up the check in the ASB instead of having it mailed to you, please talk to a secretary

Travel Authorization (TA) Associated with Trip: Student / Faculty TA # _____

Place of Trip: _____

Items to be Reimbursed:

Date	Merchant	Description	Subtotal	Sales Tax	Total Cost

Totals:

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Are you claiming per diem for food? Yes / No

Account Number: _____ - _____ - _____

_____ **I certify that no alcohol was purchased on this trip.**
initial here

Signature of Person Requesting Reimbursement:

Approving Faculty/ Staff Printed Name:

For Office Use Only: Expense Report Number: _____ Logged by: _____
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Approving Faculty/ Staff Signature:
