



Travel and Expense Report

This form must include itemized receipts for all reimbursement requests. For mileage calculation, please use an online program to calculate the starting destination and ending destination to calculate the mileage reimbursement request. Toll reimbursements must include support for the reimbursement. Include toll transponder activity on an IPASS account showing the tolls paid. Account numbers may be redacted from supporting documentation. This form must be signed by the employee's supervisor in addition to the respective Department Head. Refer to Section 10.3 Employee Handbook for further clarification.

Employee Name _____ Department _____

Expenses (please add date)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Airfare								\$ -
Mileage for Personal Vehicle \$0.655								\$ -
Tolls:								
Breakfast (\$10)								\$ -
Lunch (\$15)								\$ -
Dinner (\$25)								\$ -
Registration:								\$ -
Other (itemize:)								\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Employee Signature _____ Supervisor Signature _____

Department Head Signature _____ Account Number: _____

Date Received: _____ Received By: _____