

Expense Reimbursement Form

Complete and return this form to the Finance Specialist. In accordance with Policy 1600, reimbursement of expenses can only occur once the goods or services have been purchased; there shall be no reimbursement of expenses in advance of a purchase. Reimbursement of expenses must be submitted within the same budget year that the expense was incurred.

Original Receipts must be provided to the Finance Specialist with this form.

Name: _____ **Date:** _____

Explanation of Expense: _____

Budget Line Item # _____

Meals Expenses:

Per Diem	Number of Days		Rate*	Total
Breakfast	_____	X	\$ _____	\$ _____
Lunch	_____	X	\$ _____	\$ _____
Dinner	_____	X	\$ _____	\$ _____
Actual Meal Costs				
_____				\$ _____
_____				\$ _____

Personal Vehicle Use:

Number of Miles		Rate*	
_____	X	\$ _____	\$ _____

Miscellaneous Expenses:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Amount Requested \$ _____

*Rates for meal per diem and mileage are available here: www.gsa.gov/perdiem or www.gsa.gov/mileage

Certification: I herby certify under penalty of perjury that this is a true and correct claim for necessary travel expenses incurred by me.

Signed: _____

Date _____

Approved: _____

Date _____