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**NON-TRAVEL & TRAVEL EXPENSE REIMBURSEMENT FORM**

Please use this form to list your expenses for reimbursement. We need the following information:

Today's Date: \_\_\_\_\_ Receipts for the month of: \_\_\_\_\_

Name: \_\_\_\_\_

Account to Charge (check one):    Research            Department            Grant

Meal Expenses: Reason \_\_\_\_\_

Name of Attendees: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Travel Expenses: Purpose: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Place: \_\_\_\_\_

Reimbursements for supplies, etc. please attach receipts and add total.

Total Amount of Reimbursement: \_\_\_\_\_

Regarding my trip to \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_, I attest that the trip is being/was taken for business purposes and that vacation is not a major consideration for the travel.

Traveler's signature \_\_\_\_\_ Date \_\_\_\_\_

Traveler's name (printed) \_\_\_\_\_