

NON-SET CARD TRAVEL EXPENSE REPORT

Please use Internet Explorer to download

EMPLOYEE NAME (LAST, FIRST)					Bearpass#		FOR MONTH OF _____ 20____																								
SEND BY DIRECT DEPOSIT* YES ☐ NO ☐ SIGN UP HERE Employee/Student Only					DEPARTMENT NAME _____																										
ADDRESS					<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">FUND</td> <td style="width:15%;">ORG</td> <td style="width:15%;">PROG</td> <td style="width:15%;">ACTIVITY</td> <td style="width:15%;">LOCATION</td> </tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table>							FUND	ORG	PROG	ACTIVITY	LOCATION	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
					FUND	ORG	PROG	ACTIVITY	LOCATION																						
					_____	_____	_____	_____	_____																						
					_____	_____	_____	_____	_____																						
_____	_____	_____	_____	_____																											
DESTINATION					FINANCIAL SERVICES USE ONLY Verified by and date _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____																										
BUSINESS PURPOSE (include list of people traveling)																															
GRANT EXPENSES: Attach documentation of how this meets scope of project.																															
DATE	FROM/TO	DEP. TIME	ARV. TIME	MILES	73000 BKFST	73000 LUNCH	73000 DINNER	73001 HOTEL	73004 BUS/RR/AIR	LIST MISC. BELOW	TOTAL																				
											\$0.00																				
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											\$0.00																				
FORWARD FROM ADDITIONAL SHEETS →											\$0.00																				
TOTALS OF ABOVE →		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00																				
73002 TOTAL MILES →		0	AT		cents per mile					\$0.00																					
TOTAL REIMBURSABLE EXPENSE →											\$0.00																				
EXPLANATION OF MISCELLANEOUS CHARGES																															
DATE	EXPLANATION	\$	DATE	EXPLANATION	\$																										
<i>I affirm the above claim is correct, that payment has been made from personal funds and that I have not been reimbursed. I further affirm that I have not received and will not receive from any other source whatsoever any payment or any partial payment except as provided by law.</i>																															
CLAIMANT SIGNATURE			APPROVER PRINT NAME																												
☐ Initial to certify there are no alcohol purchases included in the reimbursement from a University Account.			SIGNATURE																												
TITLE			TITLE		DATE APPROVED																										