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EMPLOYEE NAME (LAST, FIRST) _____ Bearpass# _____					FOR MONTH OF _____ 20____				
SET Card Number: _____ SET Card Limit: \$ _____					DEPARTMENT NAME _____				
SEND BY DIRECT DEPOSIT* YES ☐ NO ☐ SIGN UP HERE Employee/Student Only					FUND ORG PROG ACTIVITY LOCATION				
ADDRESS _____					_____				

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	ARR. TIME	MILES	73001 HOTEL	73004 BUS/RR/AIR	LIST MISC. BELOW	TOTAL	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
FORWARD FROM ADDITIONAL SHEETS →								\$0.00	
	TOTALS OF ABOVE →			0	\$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 the SET Card 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				SIGNATURE
☐ Initial to certify there are no alcohol purchases included in the reimbursement from a University Account.									
TITLE					TITLE				DATE APPROVED