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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	ARV. TIME	MILES	73000 BKFST	73000 LUNCH	73000 DINNER	73001 HOTEL	73004 BUS/RR/AIR	LIST MISC. BELOW				TOTAL									
																	\$0.00									
																	\$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									
		73002 TOTAL MILES →				0	AT				cents per mile				\$0.00											
						TOTAL EXPENSE →								\$0.00												
						DEPARTMENT USE ONLY				TOTAL REIMBURSABLE EXPENSE →																
EXPLANATION OF MISCELLANEOUS CHARGES																										
DATE	EXPLANATION						\$	DATE	EXPLANATION						\$											
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.																										
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								