



If receipts total \$150 or less, please complete the [Online Petty Cash Reimbursement Form](#).  
If receipts total more than \$150, type and print this form and mail to Accounting.  
If using external grant funds use the Grant Check Request Form

<b>Employee</b>	<b>First Name:</b>							
	<b>Last Name:</b>							
	<b>University ID#:</b>							
	<b>Campus Box:</b>							
	<b>Campus Extension:</b>							
	<b>Receive check by:</b>	<input type="checkbox"/> Pick up <input type="checkbox"/> Campus Box <input type="checkbox"/> Home Address						

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☐ Request for reimbursement

☐ Return travel advance

Received Advance of	
ExpenseTotal	
Amount Returned <i>or</i>	
AmountRequested	

Date	Mileage - Destination/Purpose	Miles Traveled	\$0.70/mile	Total
Date	Travel Expense Description (see chart below)			Total
Travel Expenses			GRANDTOTAL	

- 1) meals/food
- 2) hotel/lodging
- 3) gas
- 4) supplies
- 5) taxi fare
- 6) parking
- 7) airfare
- 8) tips
- 9) conference registration

- 1) Attach detailed lodging bills.
- 2) List each meal and amount for which reimbursement is due.
- 3) Attach ticket stub for transportation used other than your own car. If you use your own car, indicate mileage which is reimbursed at the rate of \$0.70 per mile.
- 4) Attach a copy of a MapQuest or Google Maps printout detailing miles traveled.

An explanation is required on unusual expenditures before reimbursement. Do not include alcoholic beverages.

- 1) Room with an associate and split the costs.
- 2) Eat away from the hotel - use reasonable care in purchase of meals.
- 3) If traveling by car, travel with your associates and split the cost.

**\*NOTE: If splitting the cost between two different accounts, be certain the added totals equal the grand total.**

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Angela Lewellyn

Budget Manager (printed name AND signature)

Additional signature if needed (printed name AND signature)

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Budget Manager (printed name AND signature)

Additional signature if needed (printed name AND signature)

# Elon College, the College of Arts & Sciences

## Faculty Travel/Professional Development Expense Report

*Number all receipts by item # and attach in chronological order with this form AND the completed Travel Reimbursement Form. This form should be page 2. Pcard receipts DO NOT need to be attached, but must be included in totals below*

<b>Faculty/Staff Name:</b>		<b>Airfare/Train</b>	\$
<b>Department:</b>		<b>Mileage (dollar amount)</b>	\$
<b>Name and Location of Conference (City/State, Country)</b>		<b>Registration</b>	\$
		<b>Hotel</b>	\$
		<b>Meals (all)</b>	\$
<b>Dates of Conference</b>		<b>Other (parking, Uber, etc.)</b>	\$

**Faculty Signature**

Item	Date	Amount	Currency	Vendor Name & Brief Explanation of Charge	Pcard, Personal Card or Cash?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

**PCard receipts should be uploaded & tax entered into WORKS prior to submission. Dean's staff will reallocate & sign off. Pcard transactions are listed here for record-keeping**

Office Use Only { Total Amount Approved \_\$\_\_\_\_\_ Total Prepaid \_\$\_\_\_\_\_ Total for Today \_\$\_\_\_\_\_ Today's Date \_\_\_\_\_ Initials \_\_\_\_\_