

2025 TRAVEL REQUEST FOR REIMBURSEMENT

 Accounting
 2900 Campus Box
 336-278-5260

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

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

Today's Date

Check one:
 Request for reimbursement
 Return travel advance

STATEMENT OF EXPENSES

Received Advance of	
Expense Total	
Amount Returned or	
Amount Requested	

**NOTE: One line per expense. Must attach all receipts for expenses listed. A MapQuest or Google Maps printout detailing miles traveled should be included with completed form.*

Date	Mileage - Destination/Purpose	Miles Traveled	\$0.70/mile	Total

Date	Travel Expense Description (see chart below)	Total

Travel Expenses	In order to justify reimbursement and to meet auditor requirements: 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.				GRAND TOTAL

All expenses subject to audit.
 An explanation is required on unusual expenditures before reimbursement. Do not include alcoholic beverages.

Suggestions for keeping cost down:

- 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.**

Amount from this account <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Amount from this account <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Description (ex: Media Services - Staff Development) Caroline J. Ketcham Budget Manager (printed name AND signature)	
Additional signature if needed (printed name AND signature)	
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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

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