ELON UNIVERSITY

# 2026 TRAVEL REQUEST FOR REIMBURSEMENT

Reset Form

Print Form

*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 Travel Reimbursement Form.*

| EMPLOYEE | | |
|---|---|---|
| | First Name: | |
| | Last Name: | |
| | University ID#: | |
| | Campus Box: | |
| | Campus Ext: | |
| | Receive check by: | ☐ Campus Box ☐ Home Address |
| | TODAY'S DATE: | |

| | |
|---|---|
| ☐ | Request for reimbursement |
| ☐ | Return travel advance |
| STATEMENT OF EXPENSES | |
| *Received Advance of* | |
| *Expense Total* | |
| *Amount Returned or* | |
| *Amount Requested* | |

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

| TRAVEL DATE | MILEAGE- DESTINATION/PURPOSE | MILES TRAVELED *(rate $0.76/mile)* | TOTAL |
|---|---|---|---|
| | | | $ 0.00 |
| | | | $ 0.00 |
| | | | $ 0.00 |
| | | | $ 0.00 |
| | | | $ 0.00 |
| | | **TOTAL MILEAGE:** | $ 0.00 |

| TRAVEL DATE | TRAVEL EXPENSE DESCRIPTION *(see chart below)* | TOTAL |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | **TOTAL OTHER TRAVEL:** | $ 0.00 |
| | **GRAND TOTAL:** | $ 0.00 |

**Travel Expenses**

1) Meals/Food
2) Hotel/Lodging
3) Gas
4) Supplies
5) Taxi Fares/Rideshare
6) Parking
7) Airfare & Checked Bag Fees
8) Tips
9) Conference Registration

**In order to justify reimbursement and to meet auditor requirements:**

1) Attach detailed lodging bills.
2) Attach ticket stub or receipt for transportation other than your own car. If you use your own car, indicate the mileage which is reimbursed at the rate of $0.725 per mile.
3) Attach a copy of a MapQuest or Google Maps printout detailing miles traveled.

***All expenses are 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 down.
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 grant total.*

| | |
|---|---|
| | |
| Amount from this account | Amount from this account |
| - - | - - |
| | |
| Account Description<br>Caroline J. Ketcham | Account Description |
| **Budget Manager (printed name AND signature)** | **Budget Manager (printed name AND signature)** |
| **Additional signature if needed (printed name AND signature)** | **Additional signature if needed (printed name AND signature)** |

*Revised 7/2026*

# 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:** | | **Airfare/Train** | **$** |
| **Department:** | | **Mileage** (dollar amount) | **$** |
| **Name and Location of Conference** (City/State, Country) | | **Registration** | **$** |
| | | **Hotel** | **$** |
| | | **Meals** (all) | **$** |
| **Dates of Conference** | | **Other** (parking, Uber, etc.) | **$** |
| Faculty Signature_____ | | | |

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

**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_____