ELON
UNIVERSITY

Accounting
2900 Campus Box
336-278-5260

TRAVEL
REQUEST FOR REIMBURSEMENT

If receipts total $150 or less, please take receipts to the Bursar's Office for reimbursement.
If receipts total more than $150, type and print this form and mail to Accounting.

Employee

First Name: _____

Last Name: _____

University ID#: [ ][ ][ ][ ][ ][ ][ ]

Campus Box: _____

Campus Extension: _____

Receive check by: ☐ Pick up ☐ Campus Box ☐ 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 printout detailing miles traveled should be included when requesting mileage reimbursement.

Date	Mileage - Destination/Purpose	Miles Traveled	$0.625/mile	Total

Date	Travel Expense Description (see chart below)	Total
	GRAND TOTAL	

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

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 $0.56 per mile.
4) Attach a copy of a MapQuest or Google Maps printout detailing miles traveled.

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

[ ] - [ ][ ][ ][ ][ ] - [ ][ ][ ][ ]

_____
Account Description (ex: Media Services - Staff Development)

_____
Budget Manager (printed name AND signature)

_____
Additional signature if needed (printed name AND signature)

_____
Amount from this account

[ ] - [ ][ ][ ][ ][ ] - [ ][ ][ ][ ]

_____
Account Description (ex: Media Services - Staff Development)

_____
Budget Manager (printed name AND signature)

_____
Additional signature if needed (printed name AND signature)