ELON UNIVERSITY

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: ☐ 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 or Google Maps printout detailing miles traveled should be included with completed form.

Date	Mileage - Destination/Purpose	Miles Traveled	$0.67/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 $0.67 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)