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* **This form is to be completed by travelers not on University payroll.** Use this form to detail travel expenses.
* **Attention Department:** This is to serve as back-up documentation for the reimbursement requested.
* **A Check Request form (UM1659) will need to be completed. This is not a substitute document.**

## Non – Employee Travel Reimbursement Worksheet

Name

Address

City/State/Zip

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Trip

Trip Dates

Destination

 **EFS Chartfield to be charged:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Fund** | **Dept Id** | **Program** | **Account** | **PCBU** | **Project** | **Act** | **Chart field 1** | **Chart Field 2** | **Fin Empl ID** | **Cost Share (CS)** |
|  |  |  | **720607** |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | Personal Miles | Lodging | Meals | Miscellaneous |
| Airfare/Taxi | B | L | D | Description | Amount |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Totals |  |  |  |  |  |  |  |

1. Please be specific. Effective Jan 2018 mileage allowance is $0.545 per mile.
2. Miscellaneous expenses include: parking fees, registration fees, photocopies, business calls, etc.
3. Provide itemized receipts/documentation for expenses over $25.

**My signature certifies:**

* The above expenses are correct & I have paid the total shown.
* I have not been nor will I be reimbursed for any of these expenses by any other sources(s).
* Receipts/documentation for expenses over $25 are attached.

X

 Signature of Payee Date

**X**

 Approver Signature Date

**To be filled out by Department:**

**Prepaid Expenses: (Payment ID or PS Account) (Amount)**

Airfare $

 Conf. Registration $

 Hotel $

 Other $

 Total $