To request a refund of travel expenses during calendar year 2024, please complete and sign this form - *Include original and itemized receipts for all expenses, Google Map showing mileage traveled and exclude PCard purchases*. Mileage reimbursement rate is fixed for the year.

Name ID Number

Department Travel To Travel From

Purpose of Travel

**TRAVEL EXPENSES** Date \_\_\_\_\_\_ Date Date Date Date

Total Auto Miles  **\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mileage at .67 cents per mile

Tolls

Rail / Plane Fare

Cab / Limo Fare

Car Rental

Parking

Hotel / Lodging

Meals: Breakfast

Meals: Lunch

Meals: Dinner

Other (specify)

**Total**

**Final Total Fund \_\_\_\_\_\_\_\_\_\_ / Orgn \_\_\_\_\_\_\_\_\_\_ / Acct to be Charged \_\_\_\_\_\_\_\_\_\_**

**I CERTIFY THIS STATEMENT ACCURATE AS TO ACTUAL AND NECESSARY CABRINI BUSINESS EXPENSES**

**check box for Grant**

Employee Signature Date

Supervisor Signature Date

**Once Supervisor has signed, scan to email** [**AP@cabrini.edu**](mailto:AP@cabrini.edu) **or submit completed form thru interoffice mail to Accounts Payable in the Business Office (Mansion – East Wing).**

**Business Office Use for any Business Office reviews necessary once received:**

Business Ofc Signature Date