

Travel Reimbursement Form - 2021

To request a refund of travel expenses during 2021, please complete and sign this form - *Include original and itemized receipts for all expenses except mileage* - and submit thru scan copies to AP@cabrini.edu, or interoffice mail to the Accounts Payable Coordinator in the Business Office (Mansion – East Wing). Email pc723@cabrini.edu, or AP@cabrini.edu with any questions.

Name _____

ID Number _____

Department _____

Travel To _____

Travel From _____

Purpose of Travel _____

TRAVEL EXPENSES

Date _____ Date _____ Date _____ Date _____ Date _____

Total Auto Miles _____

Mileage at .56 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

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

*Chair / Dean Signature _____

Date _____

*Provost Signature _____

Date _____



**CHECK
BOX FOR
SUMMER
GRANT**

***Instructions for Academic Departments: Chairs approve for Adjuncts and Faculty; Provost approves for Deans. If funding is from the Provost's budget, Provost must approve.**