

Travel Reimbursement Form - 2020

To request a refund of travel expenses during 2020, please complete and sign this form - *Include original and itemized receipts for all expenses except mileage* - and submit in person or interoffice mail to the Accounts Payable Coordinator in the Business Office (Mansion – East Wing). Call 610.902.8280 with any questions.

Name _____ ID Number _____

Department _____ Travel To _____ Travel From _____

Purpose of Travel _____

<u>TRAVEL EXPENSES</u>	Date _____	Date _____	Date _____	Date _____	Date _____
Total Auto Miles	_____	_____	_____	_____	_____
Mileage at 57.5 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; Deans approve for Full-Time Faculty and Provost approves for Deans. If funding is from the Provost's budget, Provost must approve.***