



**EMPLOYEE EXPENSE REIMBURSEMENT FORM**

Read instructions before completing this form

EMPLOYEE NAME \_\_\_\_\_  
 EMPLOYEE NUMBER \_\_\_\_\_  
 DATE PREPARED \_\_\_\_\_  
 DETAILED DESCRIPTION OF TRAVEL OR BUSINESS REASON FOR EXPENSE \_\_\_\_\_  
 \_\_\_\_\_

COST CENTER TO CHARGE \_\_\_\_\_  
 PA PHONE NUMBER \_\_\_\_\_  
 TRAVEL DATES/DATE INCURRED EXPENSE \_\_\_\_\_  
 \_\_\_\_\_

MILEAGE				
Date of Travel	Location (to and from)	Mileage	@	AMOUNT
_____	_____	_____		\$ _____
_____	_____	_____		\$ _____
_____	_____	_____		\$ _____
_____	_____	_____		\$ _____
_____	_____	_____		\$ _____
<b>TOTAL MILEAGE</b>				\$ _____

TRANSPORTATION			
Tolls	_____	\$	_____
Parking	_____	\$	_____
Airfare/Train (must include even if College paid directl)	_____	\$	_____
Other	_____	\$	_____
<b>TOTAL TRANSPORTATION</b>		\$	_____

LODGING			
Date	At	\$	_____
Date	At	\$	_____
<b>TOTAL LODGING</b>		\$	_____

MEALS (PROVIDE DETAILED FOOD RECEIPT)				
Date	Where	Who attended	Topic Discussed	
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
<b>TOTAL MEALS</b>				\$ _____

MISCELLANEOUS (IE; REGISTRATION FEES, OTHER EXPENSES)			
Date	Item	\$	_____
Date	Item	\$	_____
Date	Item	\$	_____
Date	Item	\$	_____
<b>TOTAL MISCELLANEOUS</b>		\$	_____

SUMMARY OF REIMBURSEMENT		
TOTAL REIMBURSEMENT CLAIMED	_____	\$ _____
<b>LESS: ADVANCES (INCLUDES AIRFARE, HOTEL DEPOSITS OR REGISTRATION FEES)</b>	_____	\$ _____
<b>NET REIMBURSEMENT DUE TO EMPLOYEE</b>		\$ _____

**EMPLOYEE SIGNATURE**

I certify that the statements and expenses claimed are correct, reasonable and were incurred in the performance of Pennsylvania College of Health Sciences duties and that I have not and will not accept reimbursement of any of these expenses from any other source.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPROVALS (SIGNATURE & DATE)**

Supervisor \_\_\_\_\_

President or VP \_\_\_\_\_

ACCOUNT CODING		
Cost Center	G/L Expense Code	Amount
_____	_____	_____