

TRAVEL EXPENSE REPORT/EMPLOYEE REIMBURSEMENT

DETAILED RECEIPTS REQUIRED

Name:
Business Purpose:
Date Submitted:
Supervisor Signature:
Supervisor Printed:

(Dept 1)	(Dept 2)
Company:	Company:
Unit:	Unit:
Activity:	Activity:
Cat(3) Sub(4):	Cat(3) Sub(4):

DATE	DETAILS (LOCATIONS, MILES)	SUPPLIES	MEALS & LODGING	RENTED VEHICLE	MILEAGE REIMB	TAXIES/PARKING	CLICK HERE FOR ACCOUNT NUMBERS	
		INTERNATIONAL DOMESTIC	62000 62000	68200 67200	67600 67600	67100 67100	68900 67900	OTHER ACCOUNTS
	ATM FEES	\$	\$	\$	\$	\$	70600	\$
COLUMN TOTALS		\$	\$	\$	\$	\$	(A)	\$

	GRAND TOTAL EXPENSES: \$
	LESS: CASH ADV INCLUDE ATM FEE: () (acct unit: 11650)
	REIMBURSEMENT TO: \$

Note: Please complete this form and turn in to the Accounts Payable Office within 20 business days of when the expenses are incurred.

If any expenses are reimbursed after being accounted for more than 60 days of when they were incurred, we will be required by the IRS to record them as income to you on your W-2, which is subject to withholding.

By signing below, I agree that the expenses listed above are valid St. Olaf business expenses, and understand that if the expenses are approved for reimbursement after being accounted for more than 60 days from when they were incurred, they will be recorded as income to me through payroll.

Employee/Student Signature: _____ Date: _____