



## 2017 TRAVEL EXPENSE REIMBURSEMENT

### Accounting Office Use

- \_\_\_\_\_ Advance Log
- \_\_\_\_\_ Reroute for Completion
- \_\_\_\_\_ Returned to Accounting

**Instructions:** Complete all sections and turn in this form, including all receipts or supporting documentation, to Accounting by **Friday**. Checks will be available the following Thursday after 2:00pm.

### DEPARTMENT

Department Number: \_\_\_\_\_

Date Needed: (if different from normal schedule) \_\_\_\_\_

### CHECK DISTRIBUTION

- Mail Directly     
  Direct Deposit     
  Send Inter-Office to: \_\_\_\_\_

### PAYEE INFORMATION

Name: \_\_\_\_\_

NU ID Number: \_\_\_\_\_

Payee is:     NU Employee     NU Student     This is a new address.

\_\_\_\_\_ Address

\_\_\_\_\_ Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

### BUSINESS PURPOSE

Business Purpose/Destination(s): \_\_\_\_\_ Travel Date(s): \_\_\_\_\_

### TRAVEL EXPENSES

EXPENSE TYPE	MILES	PO #	AMOUNT	GL ACCOUNT #
Plane/Train/Bus/Ferry (incl. bag fees)			\$	
Hotel/Lodging			\$	
Meals (incl. tips)			\$	
Car Rental & Gas			\$	
Parking/Tolls			\$	
Shuttle/Taxi (incl. tips)			\$	
Hotel/Airport Tips			\$	
Other:			\$	
Other:			\$	
Personal Vehicle – Miles Driven (\$0.535/mi)			\$	
<b>Total Check Amount:</b>			<b>\$</b>	

Final Payment for this Purchase Order?

### REQUIRED SIGNATURES

#### Student Associations

#### Employee Requests

\_\_\_\_\_  
STUDENT

\_\_\_\_\_  
EMPLOYEE

\_\_\_\_\_  
PRESIDENT OF ASSOCIATION

\_\_\_\_\_  
DIRECTOR OR DEAN

\_\_\_\_\_  
TREASURER OF ASSOCIATION

\_\_\_\_\_  
VICE PRESIDENT

\_\_\_\_\_  
ADVISOR TO ASSOCIATION