Reset Form

TRAVEL EXPENSE REPORT/EMPLOYEE REIMBURSEMENT
(Detailed Receipts Required)

PRINTED NAME:
DATE SUBMITTED:
SUPERVISOR SIGNATURE: _____
SUPERVISOR PRINTED NAME:

(Dept 1)
COMPANY: _____
UNIT: _____
ACTIVITY: _____
SUB-ACCOUNT (optional): _____

(Dept 2)
COMPANY: _____
UNIT: _____
ACTIVITY: _____
SUB-ACCOUNT (optional): _____

DATE OF TRAVEL	BUSINESS PURPOSE (Please indicate all starting points and destinations)	MEALS & LODGING Dom: 67200 Intl: 68200	(A) Guest listed On receipt	(B) Confer-ence w/o lunch	(C) 12+ hours or over night	TAXIS PARKING Dom: 67900 Intl: 68900	OTHER ACCOUNTS Account #	OTHER ACCOUNTS Amount	(D) MILEAGE 67100 # of Miles Driven	(D) MILEAGE 67100 x Mileage Rate	(D) MILEAGE 67100 = Amount to be Reimbursed	(D) MILEAGE 67100 OR Airport Flat Rate	Total
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
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		$	☐	☐	☐	$		$			$ 0.00	$	0.00
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
		$	☐	☐	☐	$		$			$ 0.00	$	0.00
	Accounts Subtotals:	$ 0.00				$ 0.00		$ 0.00			$ 0.00	$ 0.00	0.00

We highly encourage ACH Reimbursements.

Reimbursement To:
- ☐ Employee
- ☐ Student (check at least one of the following)
  - ☐ International Student
  - ☐ Student org, department supply, mileage reimbursement, etc.
  - ☐ Student traveling for own benefit (Travel Grant)
- ☐ Other _____
- ☐ College (if advance exceeds expenses)

GRAND TOTAL EXPENSES: $ 0.00

LESS: CASH ADV INCLUDE ATM FEE: (acct: 11650) (_____)

REIMBURSEMENT TOTAL: $ 0.00

(A) If there were others besides yourself at the meal, please write names of all individuals on the receipt and check this box.
(B) If the meal expense was incurred at a conference where the cost of the meal was not included in the conference fee, please check this box.
(C) If the expense was incurred while traveling with an overnight stay or on a 12+ hour work day, please check this box.
(D) Reimbursable Mileage is your total mileage driven for the day less your normal round-trip commuting miles between your home and St. Olaf College.
Note: Please complete this form and turn it in to the Accounts Payable Office within 20 business days of when the expenses are incurred. We highly encourage ACH reimbursements (please sign form in Business Office). 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 you will be required to pay tax on. By signing this document, 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:** _____