

- I will pick up the check
- Please mail the check
- CPO to _____
- Reimbursement via Payroll (All Faculty and Staff)

**Judson University Expense Report
(Reimbursement Items Only)**

IV# _____

Payable to: _____

ID # _____

Date: _____

Date	Purpose for Expenditure	Tolls, Parking	Your Vehicle		Rental or College Car	Travel	Business Meals	Travel Meals	*Misc	**Totals
			Miles X Mileage Rate	Gas, Oil						
				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
Totals				0.00						0.00

Note: 2013 Judson Mileage Rate=\$.565 per mile
Mileage must be supported w/ address
Please include all attendees for meal purchases.
Misc. items must be explained in Section 2.
Expense distribution is required in Section 3 for full amount of reimbursement.

Section 2

Date	Miscellaneous Expense Explanations	Amount
*Total Misc.		

Section 3

Fund #	Function #	Object #	\$ Amt.
10			
10			
10			
10			
10			
**Grand Total			\$

Employee Signature _____

Approved By _____