

UNIVERSITY OF MINNESOTA
EMPLOYEE EXPENSE WORKSHEET

Complete this worksheet and submit with related receipts to the preparer for entry. Use for all employee reimbursements. After entry and approval, the document entry staff will send the PeopleSoft barcoded Expense Report, this worksheet, and receipts to Imaging.

U Wide Form:
 UM1612
 Rev. 10/2011

| *REQUIRED* | | | | | |
|---|---------|------|---------|----------------|--|
| Empl ID | | Name | | Email | |
| Address | | | | City/State/Zip | |
| Travel Destination(s)/ Purchase Location(s) | | | | | |
| Travel Times (AM/PM): | Depart: | | Return: | | |
| Travel/Purchase Date(s) MM/DD/YY: | From: | | To: | | |

| Office Use Only | |
|-------------------|--|
| Expense Report # | |
| Travel Auth. ID # | |
| Cash Advance ID # | |

***REQUIRED* - Detailed Expense Justification (Who, What, Where, Why & When): Attach additional sheet when necessary.**

| Date MM/DD/YY | Detailed Description Use as many lines as necessary. | Transportation | | Other | Lodging Rm & Tax | Meal Per Diem (includes incidentals) | | Hospitality/ Grp Meals | Other | Totals \$ |
|------------------|---|----------------|-------|---------|---------------------|--|---|---------------------------|-------|-----------|
| | | Miles | Rate | Mileage | | Transportation | Airfare | | | |
| | | | 0.555 | | | <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D | <input type="checkbox"/> Partial Day (first/last day) <input type="checkbox"/> Full Day | | | |
| | | | 0.555 | | | <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D | <input type="checkbox"/> Partial Day (first/last day) <input type="checkbox"/> Full Day | | | |
| | | | 0.555 | | | <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D | <input type="checkbox"/> Partial Day (first/last day) <input type="checkbox"/> Full Day | | | |
| | | | 0.555 | | | <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D | <input type="checkbox"/> Partial Day (first/last day) <input type="checkbox"/> Full Day | | | |
| Totals | | - | | | | | | | | |

| *Required when applicable* - RELATED EXPENSES PREVIOUSLY PAID BY THE UNIVERSITY | | | | | | |
|---|--------------------------|--------------------------|--------------------------|------------|-----------|--------|
| Paid by : | PCard | Voucher | Reimbursed | Document # | Date Paid | Amount |
| Airfare: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Conf. Registration: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Hotel: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

| | |
|---------------------------------------|------|
| Additional Page(s) Total: | \$ - |
| Total Amount to be Reimbursed: | \$ - |

My Signature Certifies:

- The listed expenses are legitimate and allowable business expenses.
- I am not requesting reimbursement for expenses charged to the Procurement Card.
- Required receipts/documentation are attached.

- Helpful Links :**
- <http://travel.umn.edu/>
 - <http://www.gsa.gov/portal/category/21287>
 - http://aoprals.state.gov/content.asp?content_id=184&menu_id=78
 - <http://www.policy.umn.edu/Policies/Finance/Travel/TRAVEL.html>
 - <http://www.oanda.com/currency/converter/>

 Signature of Payee & Date (required)

 Authorized Signature & Date (required)

| *Required* | | | | | | | | | | | |
|------------|--------|---------|------|---------|---|---------|------------|--------------|--------------|----|--------|
| Fund | DeptID | Program | PCBU | Project | A | Account | FIN EmplID | ChartField 1 | ChartField 2 | CS | Amount |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

TOTAL

EMPLOYEE EXPENSE WORKSHEET OPTIONAL PAGE 1

| | |
|----------------|--|
| Employee ID | |
| Name | |
| Address | |
| City/State/Zip | |
| Destination | |

| | |
|--------------------------------|--|
| Expense Report Number | |
| Travel Authorization ID Number | |
| Cash Advance ID Number | |

| Date MM/DD/YY | Detailed Description Use as many lines as necessary. | Transportation | | | | | Lodging | Meals | | | Hospitality/ Group Meals | Other | Totals \$ |
|------------------|---|----------------|-------|---------|-------|---------|---------|--|---|-----|-----------------------------|-------|-----------|
| | | Miles | Rate | Mileage | Other | Airfare | | | \$ Amount | | | | |
| | | | 0.555 | | | | | <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D | <input type="checkbox"/> Partial Day (first/last day) <input type="checkbox"/> Full Day | | | | \$- |
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| Totals: | | | | \$- | \$- | \$ - | \$ - | | | \$- | \$ - | \$ - | \$- |

EMPLOYEE EXPENSE WORKSHEET OPTIONAL PAGE 2

| | |
|----------------|--|
| Employee ID | |
| Name | |
| Address | |
| City/State/Zip | |
| Destination | |

| | |
|--------------------------------|--|
| Expense Report Number | |
| Travel Authorization ID Number | |
| Cash Advance ID Number | |

| Date MM/DD/YY | Detailed Description Use as many lines as necessary. | Transportation | | | | | Lodging | Meals | | | Hospitality/ Group Meals | Other | Totals \$ |
|------------------|---|----------------|-------|---------|-------|---------|---------|--|---|--|-----------------------------|-------|-----------|
| | | Miles | Rate | Mileage | Other | Airfare | | | \$ Amount | | | | |
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| Totals: | | | | | | | | | | | | | |

EMPLOYEE EXPENSE WORKSHEET OPTIONAL PAGE 3

| | |
|----------------|--|
| Employee ID | |
| Name | |
| Address | |
| City/State/Zip | |
| Destination | |

| | |
|--------------------------------|--|
| Expense Report Number | |
| Travel Authorization ID Number | |
| Cash Advance ID Number | |

| Date MM/DD/YY | Detailed Description Use as many lines as necessary. | Transportation | | | | | Lodging | Meals | | | Hospitality/ Group Meals | Other | Totals \$ |
|------------------|---|----------------|-------|---------|-------|---------|---------|--|---|--|-----------------------------|-------|-----------|
| | | Miles | Rate | Mileage | Other | Airfare | | | \$ Amount | | | | |
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| Totals: | | | | | | | | | | | | | |