

PAYEE'S FULL NAME (FIRST, MIDDLE INITIAL, LAST)	SCHOOL/DEPARTMENT	ACCOUNT NUMBER	TELEPHONE NUMBER
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Use this form to report and request reimbursement for expenses incurred during business travel and any other non-travel business expenses. All expenses must conform to the Institute's policy on business expenses. If funded by a grant or contract, these expenses must comply with the applicable cost principles and regulations of the sponsoring entity.

INCLUSIVE DATES OF TRAVEL		BUSINESS PURPOSE OF TRAVEL
DEPARTURE DATE:		
RETURN DATE:		

TRANSPORTATION/LODGING/COMMUNICATIONS

	DATE	HOTEL	AIR/BUS/RAIL	TOLLS	CAR RENTAL	PARKING	CAR SERVICE/TAXI	TELEPHONE/FAX/ INTERNET	MISC.	SUBTOTAL
1										
2										
3										
4										
5										
6										
	SUBTOTAL									A

MILEAGE

	DATE	STARTING LOCATION	DESTINATION	MILEAGE	RATE (SEE NOTES ON RATES)	TOTAL MILEAGE EXPENSE
7						
8						
9						
10						
	SUBTOTAL					B

NOTES ON RATES:

Mileage reimbursement rate is dependent on the dates of travel.

- For travel on or after 01.01.13, the per mile rate is \$0.565

- For travel on or before 12.31.12, the per mile rate is \$0.555

- As of April 17, 2012 the mileage reimbursement rate has been the same for institutional accounts and federal accounts.

MEALS DURING TRAVEL AND OTHER BUSINESS EXPENSES (Please refer to the Business and Travel Expense Policy; Sections V. C. and D. address meals and per diem specifically. Find the policy here: <http://www.stevens.edu/sit/finance/policies-guidelines>)

OTHER BUSINESS EXPENSES

	DATE	BREAKFAST	LUNCH	DINNER	PER DIEM	SUBTOTAL		OTHER (DESCRIPTION)	RECEIPT Y or N	OTHER ((AMOUNT))
11							17			
12							18			
13							19			
14							20			
15							21			
16							22			
	SUBTOTAL					C	SUBTOTAL (OTHER BUSINESS EXPENSES INCURRED DURING TRAVEL)			D

I certify that the expenses hereon are correct in all respects, that the amounts as charged have been actually paid by me for traveling expenses or by Stevens as advanced traveling expenses and that the distances specified have been actually and necessarily traveled by me on the stated dates.

EMPLOYEE'S NAME (PRINT)

EMPLOYEE'S SIGNATURE

DATE

SUPERVISOR'S NAME (PRINT)

SUPERVISOR'S SIGNATURE

DATE

DEPARTMENT HEAD'S NAME (PRINT)

DEPARTMENT HEAD'S SIGNATURE

DATE

TOTAL EXPENSES (A+B+C+D)	
LESS PCARD EXPENSES AND ADVANCES RECEIVED	
NET AMOUNT DUE TO TRAVELER	