

Travel and Business Expense Report

Payee Last Name						
First Name, MI						
Soc. Sec. #						
Delivery Address: Room #, Building, or Home Address:						
City	State	Zip				
Payee E-mail		Phone Number				
Type of Travel (X)	Explanation of Business Expense					
Local	Date(s) & reason format i.e., 15-JUL-03 to 18-JUL-03 American Cancer Society Conference					
In-State						
US-Out Of State						
Foreign						
EXPENSE DISTRIBUTION BY ACCOUNT NUMBER (Detail expenses below or on Page 2)						
Entity	Department	Subcode	Purpose	Project	Reference	Total Expense
TOTALS						\$ -
Advance Date:		Less Advance Amount				
		Amount Due Payee				\$ -
		Amount Due University - Remit Univ. of Pittsburgh				\$ -
Answer The Following Questions (X):			Yes	No		
Has payee ever received a T&B payment before?						
If yes, is address the same as previous payment?						
Is this for a moving expense?						
Is there an outstanding advance?						
Is the outstanding advance for this T&B?						

Please Review Before Sending				Date Prepared 11-Aug-14
<input type="checkbox"/> Date Prepared is the date this form was completed.				
<input type="checkbox"/> Submit typed forms only. Forms are available for download at www.bc.pitt.edu				
<input type="checkbox"/> Complete all non-shaded areas.				
<input type="checkbox"/> Account numbers must be current, active, and complete.				
<input type="checkbox"/> For multiple account numbers, distribute total expense as necessary.				
<input type="checkbox"/> Expense distribution total must equal total from 2nd page.				
<input type="checkbox"/> For advances, record Advance Date and amount on "Less Advance Amount."				
<input type="checkbox"/> Staple original receipts or exception memo to back (no paper clips)-note corresponding line number on receipt				
<input type="checkbox"/> Receipts are not required for Per Diem or mileage.				
<input type="checkbox"/> Payee and Supervisor must sign				
<input type="checkbox"/> Questions? www.bc.pitt.edu				
<input type="checkbox"/> Mail to Payment Processing 3000 CL				
Payee Is? (Put X in correct choice)		Employee	Student	Other
Contact For	Payee	Preparer	Authorizer	How to contact? (X)
Problems?(X)				Phone
				E-mail
I attest that expenses listed here are valid and conform to the provisions established in the Travel and Business Expense Policy and expenses have not been paid through a Business Travel Request, Disbursement Request, Travel Advance or outside organization.				
Payee Signature				Date Signed
Preparer Name		Phone	E-mail	
Authorizing Name And Title		Phone	E-mail	
Authorizing Signature				Date Signed
For Payment Processing use only				
Auditor's Signature				
Date of Audit				



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Were travel tickets purchased from a University Certified Travel Agency? Attach receipts	Amount of ticket(s)	Account #	00-00000-0000-00000-000000-00000
Note corresponding line numbers (below) on original receipts		Current Per Diem rates listed at www.pts.pitt.edu/Travel/perdiems.htm	
Use correct Internal Revenue Service Mileage rate	Mileage Rate:	Current mileage rates listed at www.pts.pitt.edu/Travel/mileage.htm	

NUM	DATE	DESTINATION/EXPLANATION (Include City, State and Country)	TRANSPORTATION				MEALS		LODGING, TELEPHONE, INTERNET, FAX	OTHER (Explain Below)	TOTAL
			AIR, RAIL OR BUS	TAXI, CAR RENTAL, PARKING	PERSONAL CAR MILES	DOLLAR	DURING TRAVEL	BUSINESS (Explain Below)			
1						\$ -				\$ -	
2						\$ -				\$ -	
3						\$ -				\$ -	
4						\$ -				\$ -	
5						\$ -				\$ -	
6						\$ -				\$ -	
7						\$ -				\$ -	
8						\$ -				\$ -	
9						\$ -				\$ -	
10						\$ -				\$ -	
11						\$ -				\$ -	
12						\$ -				\$ -	
13						\$ -				\$ -	
14						\$ -				\$ -	
15						\$ -				\$ -	
16						\$ -				\$ -	
Total			\$ -	\$ -	0	\$ -	\$ -	\$ -	\$ -	\$ -	

BUSINESS MEALS/OTHER EXPENSE EXPLANATION				
Date	Explanation	Amount	Location	Names of Persons in Attendance and Organization Affiliations

Note - If additional space is needed, attach a separate sheet

I. Form must be completed with appropriate signatures and documents attached to be processed.

II. Restricted Accounts - Expenses incurred on grants, special projects, or chargeable to restricted funds must comply with the applicable terms of the grant, contract, etc. In the case of Government supported projects, consult the Special Reimbursement instructions of the Award.

III. Form Requirements

A. Personal car mileage reimbursement is based on the Internal Revenue Service standard mileage rate and travel is calculated from the payee's place of business to the destination and return.

B. Air Travel requires the original receipt or the customer copy of the ticket to be attached.

C. Other Expenses and Business Meals must be properly itemized and explained.

D. Refer to policy 05-07-01 on unallocable expenses.

E. Non-reimbursable expenses are listed in Policy 05-07-01 and include travel or car rental insurance charges, fines for traffic violations, hotel movie rental or any other personal entertainment expenses.

F. Incomplete forms will be returned to the contact person listed on form.