



California University of Pennsylvania

250 University Avenue
California, PA 15419-1394
www.calu.edu

Date: _____

Individual Expense Report Form
RETURN COMPLETED FORM TO PAYROLL - BOX #10

Name: _____ Social Security Number: _____

Complete Mailing Address: _____

Complete Email Address: _____ Campus Mailbox #: _____

Worker Justification: If it does not apply to work then skip to the Expense Justification section.

Do any Calu employees perform these duties? If yes, by whom: _____

Are you an employee at Calu? If yes, which department: _____

Are you related to a Calu employee? If yes, to whom: _____

Are you supervised by a Calu employee? If yes, by whom: _____

Do you use Calu supplies? If no, what kind of your supplies/tool: _____

Did you receive full reimbursement of expenses? If no, what expenses did you/vendors pay out of pocket: _____

Is the location/time of work given by instruction? If yes, please provide details: _____

Employee/ Independent Contractor Signature: _____

Expense Justification:

Department: _____ Department Contact Name: _____

Event/Reason/Duties: _____

Date of Event: _____ Total Amount Requested: \$ _____

Note: If required, please provide all necessary receipt and documentation to back up the amount requested.

Fund Justification:

Fund Reservation #: _____ Fund Center #: _____ G/L #: _____

Required Authorization

Supervisor/Witness: _____
Signature Date

Payroll Review:

After review, it should be: Employee Independent Contractor

A purchase requisition must be processed via the purchasing system by your department.

Remarks: _____

Signature Date

Accounts Payable: Process the payment # _____

Signature Date