

Eastern Mennonite University

Expense Report

NAME: ADDRESS: EMAIL ADDRESS: PURPOSE OF TRIP/EXP:		ID NUMBER:							
		WEEK ENDING:							
		PAY DATE:							
DAY DATE		SUN.	MON.	TUE.	WED.	THURS.	FRI.	SAT.	WEEKLY TOTALS
T r a v e l & L o d g i n g	Travel From:								
	Travel To:								
	Travel To:								
	Auto Mileage:								
	Mileage @ \$0.45 per mile								
	Parking and Tolls								
	Auto Rental								
	Airfare and Railfare								
	Taxi, Bus, and Subway								
	* Lodging								
M e a l s	* Breakfast (incl. tips)								
	* Lunch (incl. tips)								
	* Dinner (incl. tips)								
	* Other								
M i s c	Telephone/Fax								
	Postage								
	Office Supplies/Copies								
	Conference Registration								
	Other:								
Totals									A
* Explanations - Required when paying expenses of others									
ACCOUNT DISTRIBUTION				Amount	EXPENSE SUMMARY				
					Total Expenses This Report ( From 'A')				
					Less: Cash Advanced				
Total					Amount Due Employee [EMU] ('B' - 'C')				
NOTE: Original, detailed receipts are required for all expenses over \$25									
X Signature of person receiving reimbursement					X Approval signature				
Date					Date				