

General Reimbursement Form

Name: <input style="width: 90%;" type="text"/>	Department: <input style="width: 90%;" type="text"/>
Home Address: <input style="width: 90%;" type="text"/>	EMPLID: <input style="width: 100px;" type="text"/> SSN: <input style="width: 100px;" type="text"/>
City: <input style="width: 200px;" type="text"/> State: <input style="width: 50px;" type="text"/>	Zip Code: <input style="width: 100px;" type="text"/> Phone: <input style="width: 100px;" type="text"/>

Travel Section

Conference Title/Purpose

Conference Location Travel Dates From To

	Account	Fund	Deptid	Program	Class	Proj/Grant
Travel Chartfields:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
Registration Fee Chartfields:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
Entertainment Chartfields:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>

	Account	Fund	Deptid	Program	Class	Proj/Grant	
Dates:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<u>Totals</u>
Registration fee:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
Airfare/Rail:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
Car Rental:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
Taxi/Bus/Limo:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
Parking/Tolls:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
Hotel/Lodging:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
Breakfast*:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
Lunch*:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
Dinner*:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
Entertainment***:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
Mileage**:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>

Check calendar year for reported mileage: CY 2013 CY 2014

Departmental Deduction Travel subtotal:

Deduction Reason:

Total Travel Reimbursement:

*Complete Entertainment Expense Details section, below, if applicable.

** Enter number of miles. *** Entertainment Expense Details section, below, must be completed.

General Reimbursement Form

Name:	<input type="text"/>	Department:	<input type="text"/>				
Home Address:	<input type="text"/>	EMPLID:	<input type="text"/>	SSN:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>	Phone:	<input type="text"/>

General Reimbursement Section

Expense/Business Purpose:

Account	Fund	Deptid	Program	Class	Proj/Grant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Expense/Business Purpose:

Account	Fund	Deptid	Program	Class	Proj/Grant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Expense/Business Purpose:

Account	Fund	Deptid	Program	Class	Proj/Grant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Expense/Business Purpose:

Account	Fund	Deptid	Program	Class	Proj/Grant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Expense/Business Purpose:

Account	Fund	Deptid	Program	Class	Proj/Grant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total General Reimbursement:

General Reimbursement Form

Name: <input style="width: 95%;" type="text"/>	Department: <input style="width: 95%;" type="text"/>
Home Address: <input style="width: 95%;" type="text"/>	EMPLID: <input style="width: 15%;" type="text"/> SSN: <input style="width: 15%;" type="text"/>
City: <input style="width: 25%;" type="text"/> State: <input style="width: 5%;" type="text"/> Zip Code: <input style="width: 20%;" type="text"/>	Phone: <input style="width: 25%;" type="text"/>

Signature Page

Total Reimbursement:

Note: If you are an employee interested in receiving your reimbursement through direct deposit, sign up for ACH reimbursements in Campus Connection by visiting the [Employee Reimbursement](#) page.

Employee's Name (print):

Employee's Signature: _____

Date:

Budget Manager's Name (print):

Budget Manager Signature: _____

Date:

Employee's Manager's Name (print):

Employee's Manager Signature: _____

Date:

Print Options

For Accounts Payable use only: *travel section totals*

	Account	Fund	Deptid	Program	Class	Proj/Grant	<u>Totals</u>
Travel Chartfields:	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>
Registration Fee Chartfields:	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>
Entertainment Chartfields:	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>
Travel subtotal:							<input style="width: 80%; height: 25px;" type="text"/>
Departmental Deduction:							<input style="width: 80%; height: 25px;" type="text"/>
Travel Travel Reimbursement:							<input style="width: 80%; height: 25px;" type="text"/>

**General Reimbursement Form -
Entertainment Details Section**

Name:	<input type="text"/>	Department:	<input type="text"/>
Home Address:	<input type="text"/>	EMPLID:	<input type="text"/>
		SSN:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
		Phone:	<input type="text"/>

Note:
IRS regulations require a detailed description of the event and business purpose, along with the names, titles and organizational affiliation of each attendee for all entertainment and meal expenses. This information supplements the amounts entered above. All fields are required.

Date:

Description:

Business Purpose:

Name	Title	Organizational Affiliation
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date:

Description:

Business Purpose:

Name	Title	Organizational Affiliation
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**General Reimbursement Form -
Entertainment Details Section continued**

Name:	<input type="text"/>	Department:	<input type="text"/>
Home Address:	<input type="text"/>	EMPLID:	<input type="text"/>
		SSN:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
		Phone:	<input type="text"/>

Date:

Description:

Business Purpose:

Name	Title	Organizational Affiliation
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date:

Description:

Business Purpose:

Name	Title	Organizational Affiliation
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**General Reimbursement Form -
Entertainment Details Section continued**

Name:		Department:	
Home Address:		EMPLID:	SSN:
City:	State:	Zip Code:	Phone:

Date:

Description:

Business Purpose:

Name	Title	Organizational Affiliation
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Date:

Description:

Business Purpose:

Name	Title	Organizational Affiliation
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

**General Reimbursement Form -
Entertainment Details Section continued**

Name:	<input type="text"/>	Department:	<input type="text"/>
Home Address:	<input type="text"/>	EMPLID:	<input type="text"/>
		SSN:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
		Phone:	<input type="text"/>

Date:

Description:

Business Purpose:

Name	Title	Organizational Affiliation
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>