

# Pacific Union College - Travel Expense Reimbursement

(Instructions for completing Expense Report on reverse side . . .)

Name \_\_\_\_\_

Address \_\_\_\_\_

ID # \_\_\_\_\_ Date: \_\_\_\_\_

Will Pick Up Check in Acct. Office

Mail to indicated address

Send via Interdepartmental Mail

Status:  Faculty/Staff     Student     Non-PUC Employee

Travel To/From (Location): \_\_\_\_\_ Travel Dates: From \_\_\_\_\_ To \_\_\_\_\_

Purpose/Nature of Trip: \_\_\_\_\_

Date	Description for Misc. Expenses	Misc. Expense	Conf. Fee	Fare	Lodging	Per Diem *See Note	Auto Expense		
							# of mi	X Rate	= Amt
<b>Sub-Totals:</b>									

**\*NOTE:** Overnight stay required to claim Per Diem. \$17/day (all 3 meals provided); \$50/day (0-2 meals provided).  
Per Diem cannot be claimed for day trips.

**GRAND TOTAL** (add up all sub-totals): \$ \_\_\_\_\_

Account #(s) to be charged:

GL# (15 digits)	Account Name	Amount
01-0000-100-3110-20	Less Travel Advance Received (if applicable)	<    >

I certify that the expenses reported above are actual out-of-pocket expenses personally incurred and have attached required receipts.

\_\_\_\_\_  
Date                                          Signature                                          Administrative Officer                                          Date

\_\_\_\_\_  
Date                                          Department Head                                          Financial Administration Approval                                          Date