

Employee Request for Expense Reimbursement

This request must be filled out in its entirety. Any missing information may result in delayed payment. Requests should be turned into Accounts Payable on Tuesdays by 5:00 p.m. with all approvals to be processed for the following Friday.

Name (please print): _____ Date:_____

Address or Campus Mail Address (required): _____

	Transportation: Enter use of personal car, showing miles driven at approved		
	rate. Also, include cost of air, train, and bus tickets, limousine service, taxis		
Date	and all public transportation. Show dates and destinations.	# of miles	Amount
Account Number: Subtotal:		Subtotal:	
Meals & L	odging: Enter cost of hotels or motels with receipts & cost of meals while out of	town on school	
business.	how dates, numbers of breakfasts, lunches, & dinners, but only total money for	meals	
including tips. Please be reminded Tusculum University doesn't reimburse for alcoholic beverages			Amount
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Account Number: Subtotal:		Subtotal:	
All other r	eimbursable expense: Enter here full details (attach any receipts) of all other ex	pense paid by	
you for wh	ich you request reimbursement, such as: entertainment of school guests, telep	hone, items	
chargeable to school business, etc.			Amount
	·		
Account N	umber:	Subtotal:	
		Total:	

Approvals:				
Originator	Division Director			
Vice President	Office of Finance			
President (if over \$5,000)				

This form may be downloaded and prepared electronically.