

Employee and Guest Reimbursement Form

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

(required only for guests)

Travel Section

Conference Title/Purpose

Conference Location Travel Dates From To

| | Account | Fund | Deptid | Program | Class | Proj/Grant | |
|-------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Travel Chartfields: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Registration Fee Chartfields: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Entertainment Chartfields: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Dates: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <u>Totals</u> |
| Registration fee: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Airfare/Rail: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Car Rental: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Taxi/Bus/Limo: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Parking/Tolls: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Hotel/Lodging: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Breakfast*: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Lunch*: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dinner*: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Entertainment***: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mileage**: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Check calendar year for reported mileage: CY 2019 ☐ CY 2020 ☐

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.

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Name:

Department:

Home Address:

EMPLID:

SSN:

(required only
for guests)

City:

State:

Zip Code:

Phone:

General Reimbursement Section

Expense/Business Purpose:

Account

Fund

Deptid

Program

Class

Proj/Grant

Expense/Business Purpose:

Account

Fund

Deptid

Program

Class

Proj/Grant

Expense/Business Purpose:

Account

Fund

Deptid

Program

Class

Proj/Grant

Expense/Business Purpose:

Account

Fund

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Program

Class

Proj/Grant

Expense/Business Purpose:

Account

Fund

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Program

Class

Proj/Grant

Total General Reimbursement:

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| City: | <input type="text"/> | State: | <input type="text"/> |
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| | | (required only for guests) | |

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:

Note: If employee is unable to sign form, indicate the reason why.

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 | Totals |
|-------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Travel Chartfields: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Registration Fee Chartfields: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Entertainment Chartfields: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Travel subtotal: | | | | | | <input type="text"/> | |
| Departmental Deduction: | | | | | | <input type="text"/> | |
| Travel Travel Reimbursement: | | | | | | <input type="text"/> | |

Employee and Guest Reimbursement Form -

Entertainment Details Section

| | | | |
|---------------|----------------------|----------------------------|----------------------|
| Name: | <input type="text"/> | Department: | <input type="text"/> |
| Home Address: | <input type="text"/> | EMPLID: | <input type="text"/> |
| City: | <input type="text"/> | State: | <input type="text"/> |
| Zip Code: | <input type="text"/> | Phone: | <input type="text"/> |
| | | SSN: | <input type="text"/> |
| | | (required only for guests) | |

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 |
|------|-------|----------------------------|
|------|-------|----------------------------|

Date:

Description:

Business Purpose:

| Name | Title | Organizational Affiliation |
|------|-------|----------------------------|
|------|-------|----------------------------|

Employee and Guest Reimbursement Form -
Entertainment Details Section continued

| | | | |
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| Home Address: | <input type="text"/> | EMPLID: | <input type="text"/> |
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| Zip Code: | <input type="text"/> | Phone: | <input type="text"/> |
| | | SSN: | <input type="text"/> |
| | | (required only for guests) | |

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 |
|----------------------|----------------------|----------------------------|
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| <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"/> |

Employee and Guest Reimbursement Form -
Entertainment Details Section continued

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| Home Address: | <input type="text"/> | EMPLID: | <input type="text"/> |
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| Zip Code: | <input type="text"/> | Phone: | <input type="text"/> |
| | | SSN: | <input type="text"/> |
| | | (required only for guests) | |

Date:

| | |
|-------------------|----------------------|
| Description: | <input type="text"/> |
| Business Purpose: | <input type="text"/> |

| 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:

| | |
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| Description: | <input type="text"/> |
| Business Purpose: | <input type="text"/> |

| Name | Title | Organizational Affiliation |
|----------------------|----------------------|----------------------------|
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| <input type="text"/> | <input type="text"/> | <input type="text"/> |
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Employee and Guest Reimbursement Form -
Entertainment Details Section continued

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| 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"/> | (required only for guests) |

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"/> |