

# Employee and Guest Reimbursement Form

Name: <input style="width: 90%;" type="text"/>	Department: <input style="width: 90%;" type="text"/>
Home Address: <input style="width: 95%;" type="text"/>	EMPLID: <input style="width: 100%;" type="text"/>
City: <input style="width: 25%;" type="text"/>	State: <input style="width: 5%;" type="text"/>
Zip Code: <input style="width: 15%;" type="text"/>	Phone: <input style="width: 15%;" type="text"/>
SSN: <input style="width: 100%;" type="text"/> <i>(required only for guests)</i>	

## 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 2016  CY 2017

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.

# Employee and Guest 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"/>	<i>(required only for guests)</i>

## 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:

# Employee and Guest 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: 30px;" type="text"/> Zip Code: <input style="width: 100px;" type="text"/>	Phone: <input style="width: 120px;" type="text"/>

*(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	<u>Totals</u>
Travel Chartfields:	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 100px;" type="text"/>
Registration Fee Chartfields:	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 100px;" type="text"/>
Entertainment Chartfields:	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 100px;" type="text"/>
Travel subtotal:							<input style="width: 100px;" type="text"/>
Departmental Deduction:							<input style="width: 100px;" type="text"/>
Travel Travel Reimbursement:							<input style="width: 100px;" 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"/> <i>(required only for guests)</i>

**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"/>

**Employee and Guest Reimbursement Form -**

**Entertainment Details Section continued**

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"/> <i>(required only for guests)</i>

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"/>

**Employee and Guest Reimbursement Form -  
Entertainment Details Section continued**

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"/> <i>(required only for guests)</i>

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"/>

**Employee and Guest 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"/>

*(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"/>