

TRAVEL AUTHORIZATION / EXPENSE REIMBURSEMENT REQUEST FORM

I. TRAVELER DATA:

Name **Jane Doe** Employee/Student ID # **21401010**
 Home Address **12 NJ Lane Newark NJ 07102**

Department **Accounts Payable**
 Telephone Extension **3100** Email: janedoe@njit.edu

II. TRIP DATA:

Dates **7/5/2016-7/8/2016** Location/Destination **Denver, CO**
 Purpose of Travel **Present at Ellucian Live Conference**

EXPENSE DATA:

III. Travel Authorization		IV. REIMBURSEMENT AMOUNTS											Detail Sheet Total	Total
Estimate	Expense Type/Date	5-Jul	6-Jul	7-Jul	8-Jul									
	Conference/Fees	250.00												\$250.00
	Air/Train	354.00												\$354.00
	Rental Vehicle	175.00												\$175.00
	Hotel (Lodging only)	210.00	210.00	210.00										\$630.00
	Meals*	36.00	60.00	60.00	12.00									\$168.00
	Detail Sheet**												198.19	\$198.19
	Grand Totals	\$1025.00	\$270.00	\$270.00	\$12.00								\$198.19	\$1775.19

Accounting Distribution			
Chart	Index	Account	Amount

Total Accounting Distribution:

Traveler	Date
Supervisor	Date

* The \$60.00 per diem rate may be taken only when the traveler incurs an overnight stay as part of their travel.
 If the traveler does not use the per diem rate, they must submit original detailed restaurant receipts.
 ** Detail sheet(s) should be attached and accompanied by detailed receipts.
 Include receipts if the total amount for taxis, parking, and tolls exceeds \$25.00.
 The receipts must clearly state all items being reimbursed.

Reimbursement Authorization

I certify that the expenses listed above were actually incurred and were necessary to fulfill the mission of the university.

Prior Payments: **\$354.00**
 Reimbursed Amount: **\$1,421.19**

Accounting Distribution			
Chart	Index	Account	Amount
1	216345	734002	\$19.87
1	216345	740008	\$1151.32
1	216345	740005	\$250.00

Total Accounting Distribution: **\$1421.19**

Traveler (All Travel) _____ Date _____

Chair (All Travel) _____ Date _____

Dean (Greater than \$5,000.00) _____ Date _____

Provost/VP (Greater than \$15,000.00) _____ Date _____

President (Greater than \$50,000.00) _____ Date _____

Grants and Contract Accounting
(All Grants Travel Expenses) _____ Date _____Disposition of Check: ☐ Mail to Above ☐ Hold for Pickup

Accounts Payable (All travel) _____ Date _____