

USNH Personal Reimbursement Form

PV# 1

Employee/Trip Information Date:

Name:	2	Position/Title:	3
Department:	4	Phone:	5
Depart Date & Time:	6 <input type="checkbox"/> AM <input type="checkbox"/> PM	Return Date & Time:	7 <input type="checkbox"/> AM <input type="checkbox"/> PM
Destination:	8		
Project/Grant:	10		
Bus. Purpose:	11		
		For Non-Employee:	SSN: _____
		Address:	9

Employee Paid Expenses TOTAL

Date (MM/DD/YY)	12								
Day									
Auto Rental		13							0.00
Taxi/Tolls/Parking			14						0.00
Air/Bus Fare				15					0.00
Telephone/Fax					16				0.00
Lodging						17			0.00
Other							18		0.00

Meals - Per Diem is required unless an exception has been approved. If you choose to claim less than the per diem rate, enter that amount in Per Diem Allowance and do not complete the Adjusted Per Diem Rate section.

Per Diem Allowance 19

Adjusted Per Diem Rate Indicate if meals were provided by other sources - included with conference, provided by a colleague or vendor, etc.

Breakfast - 20%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch - 25%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner - 55%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily Meal Total	21	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Mileage - The mileage rate and total amount will be calculated based on the date and number of miles. Enter dates in MM/DD/YY format.

To add additional mileage lines enter the number of lines, press tab, then click "Add Mileage Lines".

Date	Departure, Destination & Purpose	Miles	Mileage Rate	
22	23	24	25	26

Total Mileage Expenses 0.00

Business Expenses - Business purpose must be obvious or explained on each receipt. Business meals must include a brief description of business purpose including who, what, where, when and why. List each item below.

To add additional business expense lines, enter number of lines, press tab, then click "Add Bus. Exp. Lines".

Date	Description of Expense	Amount
27	28	29

Total Business Expenses 0.00

Total Expenses Paid by Employee 30 0.00

Original Amount of Advance 31

Amount Due to Employee 32 0.00

Accounting Information

Vendor Code: 33

(To be completed by BSC.)

Expense Distribution

Advance
 (To be completed by Travel Center.)
 Balance Sheet Acct: 35
 Advance Number:

FUND	AREA	ORG/SUB ORG	OBJ/SUB OBJ	AMOUNT
		34		
TOTAL				0.00

Undistributed 0.00

Approvals/Signatures

I certify that the above expenses were incurred by me in fulfillment of my duties to the University System of New Hampshire, that the amounts shown conform to the travel regulations in the University System policy manual, and that no amounts have been or will be submitted for reimbursement elsewhere.

Signed by:

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Traveler

Date

Signed by:

37

Dean, Director, Dept Head, Bus. Mgr.

Date

Signed by:

38

Authorized BSC Representative

Date

Signed by:

39

Sponsored Research (If Applicable)

Date

Signed by:

40

Travel Coordinator/Center

Date