USNH Personal Reimbursement Form

INV#

Employee/Trip Information

Date: 1/8/2004

Name:		Position/Title:	
Department:		Phone:	
Depart Date (REQUIRED) & Time:	☐ AM ☐ PM	Return Date & Time:	☐ AM ☐ PM
Destination:		For Non-Employee: SSN:	
Project/Grant:		Address:	
Bus. Purpose:			

Employee Paid Expenses

								TOTAL
Date (MM/DD/YY)								
Day								
Auto Rental								
Taxi/Tolls/Parking								
Air/Bus Fare								
Telephone/Fax								
Lodging								
Other								

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								

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

Breakfast	☐	☐	☐	☐	☐	☐	☐	
Lunch	☐	☐	☐	☐	☐	☐	☐	
Dinner	☐	☐	☐	☐	☐	☐	☐	
Daily Meal Total								

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	

Total Mileage Expenses

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

Total Business Expenses

Total Expenses Paid by Employee

Original Amount of Advance

Amount Due to Employee

Accounting Information

Vendor Code:

(To be completed by BSC.)

Expense Distribution

FUND	ORG	ACCOUNT	PROG	ACTIVITY	LOCATION	AMOUNT
						Undistributed
					TOTAL	

Advance

(To be completed by Travel Center.)

Advance Number:

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: **Traveler/Payee** **Date**

Signed by: **Dean, Director, Dept Head, Bus. Mgr.** **Date**

Signed by: **Authorized BSC Representative** **Date**

Signed by: **Sponsored Research (If Applicable)** **Date**

Signed by: **Travel Coordinator/Center** **Date**