



Approved Reimbursements (Expenses must have prior approval for reimbursement)

Name _____
(please print your preferred title [Dr., Mr., Mrs., Ms., other] and name) *Class year*

Address _____

City, State, Zip _____

Phone, E-mail _____

Auto Travel 1) Personal vehicle: _____ miles x \$.51 (reimbursement rate) = \$ _____

2) Rental car. *(if applicable)*
Company name: _____ \$ _____

Gas 1: _____ \$ _____

Gas 2: _____ \$ _____

Gas 3: _____ \$ _____

Air Travel 1) _____ \$ _____

2) _____ \$ _____

Other Travel 1) _____ \$ _____

2) _____ \$ _____

Additional Expenses *Company and Purpose (parking, shuttle, road toll, ferry toll)*

1) _____ \$ _____

2) _____ \$ _____

Gift Details Original receipts attached *(required)*. Total: \$ _____

Event/Purpose _____
Date

Department/Office _____

Contact person _____

Signature _____