CASE WESTERN RESERVE UNIVERSITY EST. 1826

STATEMENT OF TRAVEL EXPENSE

***DO NOT COMBINE MORE THAN ONE EVENT ON EACH FORM**

DATE _____

DEPARTMENT _____ Bldg: _____

NAME _____

*Purpose of Trip _____

ADDRESS _____

Date of Trip _____ To _____

CONTINENTAL AIRLINES FREQUENT FLYER #:

EMPLID:

DATE OF EXPENSE	FROM	TO	TO	MODE OF TRAVEL	FARE	PARKING TOLLS	MILEAGE MILES	MILEAGE $ EXTENDED	TOTAL	Expenses charged directly to University Speedtype(PCARD, PO, preferred agency)
							0			
SUB-TOTAL							0			

DATE OF EXPENSE	MEALS	HOTEL	TAXI	PHONE	TIPS	OTHER DESCRIPTION	OTHER AMOUNT		Expenses charged directly to University Speedtype(PCARD, PO, preferred agency)
SUB-TOTAL									

TOTAL		
Less charges assigned directly to University		
Less Advance		
DUE UNIVERSITY		
DUE TRAVELER		

ALL RECEIPTS RELATED TO TRAVEL (INCLUDING COPIES OF PCARD TRANSACTIONS) MUST BE SUBMITTED TO TRAVEL SUPERVISOR

Are you considered a non-resident alien for tax purposes? yes ✘ no

If yes, please contact Foreign Faculty and Scholars,(368-4289) for help with travel expense reimbursement.

Did you purchase any alcoholic beverages? (If so, please use account code 599020) yes ✘ no

Click to Update Totals

SIGNATURE / CERTIFICATION OF TRAVELER:
"I certify that all expense are in accordance with the University Travel Policy. I also certify that the reimbursement for charges are permissible under sponsor guidelines where applicable and charges to federally sponsored projects do not include alcohol."

Signature _____ Phone _____

APPROVAL - Traveler's Supervisor:

Signature _____

Printed Name and Title (required) _____ Phone _____

INSTRUCTIONS:

1. COMPLETE 2 COPIES OF STATEMENT OF TRAVEL EXPENSE FOR EACH TRIP
2. ALL RECEIPTS INCLUDING PCARD/E-TICKET RECEIPTS MUST BE PROVIDED TO PROCESS TRAVEL EVENT
3. ONE COPY OF FORM AND P CARD RECEIPTS MUST STAY IN DEPARTMENT
4. FOR THIS TRAVELER'S REIMBURSABLE EXPENSES, COMPLETE ON-LINE PAYMENT REQUEST FORM (PEOPLESOFT)
ACCOUNTS PAYABLE: PAYMENT REQUEST: TYPE :TRAVEL REIMBURSEMENT
5. PRINT COMPLETED PAYMENT REQUEST
6. ENTER PAYMENT REQUEST NUMBER IN BOX ON STATEMENT OF TRAVEL EXPENSE
7. ATTACH ORIGINAL RECEIPTS FOR REIMBURSEMENT TO OTHER COPY OF STATEMENT OF TRAVEL EXPENSE AND FORWARD WITH PAYMENT REQUEST FORM TO ACCOUNTS PAYABLE

Record payment request no. here _____