Out-of-Pocket Expense Report

Reimbursement request for expenses paid from the employee or student's personal funds

_____
Organization #

_____ Name (Please Print)

_____ Email/Student ID

_____ Signature/Date

_____ Department Head Signature/Date

Please be sure to include a brief, yet specific purpose/description of all expenditures.
If the expenditure is for meals or entertainment, list everyone who ate or was entertained.

_____
Officer Approval (if necessary)

Travel Expenses - Attach receipts

Date	Vendor	Amount	Description/ Purpose (to satisfy IRS requirements)
		$	
Mileage on personal auto-_____miles x $.60			
Total Travel Expenses		**$**	

Other Expenses - Attach invoices, receipts, and/or other documents with descriptions sufficient enough to satisfy IRS requirements.

Date	Vendor	Amount	Orgn	Acct	Description/Purpose
		$			
Total Other Expenses		**$**			

Total Expenses - Travel & Other	**$**
Advance (Enter as Negative)	**($)**
Total Expenses Less Advance Due To / From Employee	**$**

If money is due **from** the employee, please submit payment to the Cashier and forward this form to Accounts Payable.
If money is due **to** the employee, please submit directly to Accounts Payable.

Submit a copy to the Business Office; retain a copy for your records.