

# Student Day Travel Expense

**Section 1: This form can be used for:**

Processing payments & reimbursements for non-overnight travel expenses and other miscellaneous expenses such as mileage, parking, and tolls.

**Section 2: Make Check Payable to:**

Date: \_\_\_\_\_ Title: \_\_\_\_\_ Banner ID #: \_\_\_\_\_  
 Payment to: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Admin. Asst.: \_\_\_\_\_ Admin. Asst. Banner ID #: \_\_\_\_\_ Admin. Asst. Phone: \_\_\_\_\_  
 Admin. Asst. Email: \_\_\_\_\_ Department Name: \_\_\_\_\_ Dept. Building: \_\_\_\_\_

**Section 3: Day Travel Expenses (For more information please visit: [Travel Policy](#))**

Date	Departure Address	Arrival Address	Reason for Day Travel Description/Notes	Miles	IRS Mileage Rate	Mileage Reimbursement	Other Expenses		Line Total(s)
							Items	Amount	
					.725				
					.725				
					.725				
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					.725				
Sub Total:									
Please attach original itemized receipts & mileage maps when applicable								Grand Total:	

**Section 5: Accounting Information (Account # 7215 for mileage expenses. Account # 7216 for all other travel expenses and employee travel. Account # 7217 for Student travel.)**

Index #	Fund #	Organization #	Account #	Program #	Amount

**Section 6: Signature & Consent (Completed & Signed form must be submitted within 45 days of travel expense)**

I hereby certify that:

- This is a true and accurate accounting of expenses incurred to accomplish official business for Rowan University and there are no expenses claimed reimbursable which relate to personal or unallowable expense.
- Please attach **original itemized receipts** along with **mileage maps** calculating the shortest route available.
- All mileage accounted for does not include the normal daily commute. The mileage on this form was calculated using the **SHORTEST ROUTE AVAILABLE**. At the time of the expense the vehicle I was using for Rowan University was covered by Liability Insurance.
- I have not received, nor will I receive, reimbursement from any other source (s) for the expense claimed. In the event of overpayment or if payment is received from another source for any portion of the expenses claimed, I assume responsibility for repaying Rowan University in full for those expenses.

Traveler Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 7: Appropriate Approvals (Print and Sign)**

Department Head/Dean: \_\_\_\_\_ Date: \_\_\_\_\_  
 Grants: \_\_\_\_\_ Date: \_\_\_\_\_  
 Accounts Payable: \_\_\_\_\_ Date: \_\_\_\_\_