

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	
					.76				
					.76				
					.76				
					.76				
					.76				
					.76				
					.76				
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					.76				
					.76				
					.76				
					.76				
					.76				
					.76				
					.76				
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: _____