

## **Student Day Travel Expense**

Date:

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	2: Make Check	k Pavable to	):										
			Titl	e:				Banner ID	#:				
Date:Payment to:													
Mailing Address:													
Admin. Asst.:										Zip Code:			
Admin. Asst. Email:										ot. Building:			
Section 3	: Day Travel Expenses (For more inform			rmation p				IRS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Other F	xpenses	T	
Date	Departure Address		Arrival Address		Reason for Day Travel Description/Notes	Miles	Mileage Rate	Mileage Reimbursement	Items	Amount	Line Total(s)		
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						Sub Total:							
								•	nileage maps whe	••	Grand Total		
Section 5: Accounting Information (Account # 7215 for n Index # Fund #					nileage expenses. Account # 7216 for all o Organization #			her travel expenses and employed Account #			ee travel. Account # 7217 for Stu Program #		
macx #		T unα π		OI	Organization #			1 loodint II			1 Togram #		
~	· · · · · · ·			~				15.3					
I hereby certification (1)  I hereby certification (1)  2.  3.  4.  Traveler S	ify that: This is a true and acc Please attach original All mileage accounte University was cover I have not received, n I assume responsibili	urate accounting o itemized receipts d for does not included by Liability Instorwill I receive, re	f expenses incurred to along with mileage made the normal daily urance. eimbursement from a	o accomplish on aps calculatin commute. The	official busines g the shortest r mileage on thi	s for Rowan University route available. is form was calcula	ersity and then	re are no exp	enses claimed reimburs  ROUTE AVAILABL  or if payment is receiv	sable which relate to p	expense the vehicle	I was using for Rowan	
Section 7	7: Appropriate	Approvals	(Print and Si	gn)									
Department Head/Dean:								Date:					
Grants:								Date:					

Accounts Payable: