

THE UNIVERSITY OF FINDLAY

Employee Expense Report

MAIL TO MY HOME _____

PICK UP AT WINDOW _____

Name _____ ID# _____ Department _____ Account # _____

Purpose of Trip _____

DATE: _____ DATE: _____ DATE: _____ DATE: _____ DATE: _____
 No. of _____ No. of _____ No. of _____ No. of _____ No. of _____

ITEM	People	Cost	People	Cost	People	Cost	People	Cost	People	Cost	TOTAL COST
Breakfast											
Lunch											
Dinner											
Hotel											
Airfare											
Telephone											
Tolls											
Tips											
Personal Car Miles \$.42											
Parking											
Miscellaneous											
Total Per Day											

Please attach itemized receipts for items \$10.00 and over

 SIGNATURE DATE TOTAL \$ _____
 _____ AMOUNT ADVANCED \$ _____
 SIGNATURE OF SUPERVISOR DATE DUE YOU/DUE UNIV. \$ _____