

USNH Personal Reimbursement Form

INV#

UNH

PSU

KSC

GSC Chancellor's Office

Employee/Trip Information

Date: 12/21/2010

Name:		Position/Title:	
Department:		Phone:	
Depart Date & Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Return Date & Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Destination:	For Non-Employee: USNH ID/SSN: _____ Address: _____		
Project/Grant:			
Bus. Purpose:			

Employee Paid Expenses

TOTAL

Date (MM/DD/YY)	Day	Auto Rental	Taxi/Tolls/Parking	Air/Bus Fare	Telephone/Fax	Lodging	Other	TOTAL
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00

Meals - Per Diem is required unless an exception has been approved. If you choose to claim less than the per diem rate, enter that amount in Per Diem Allowance and do not complete the Adjusted Per Diem Rate section.

Per Diem Allowance

Adjusted Per Diem Rate Indicate if meals were provided by other sources - included with conference, provided by a colleague or vendor, etc.

Breakfast - 20%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch - 25%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner - 55%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily Meal Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Mileage - The mileage rate and total amount will be calculated based on the date and number of miles. Enter dates in MM/DD/YY format.

To add additional mileage lines enter the number of lines, press tab, then click "Add Mileage Lines".

Date	Departure, Destination & Purpose	Miles	Mileage Rate

Total Mileage Expenses

Business Expenses - Business purpose must be obvious or explained on each receipt. Business meals must include a brief description of business purpose including who, what, where, when and why. List each item below.

To add additional business expense lines, enter number of lines, press tab, then click "Add Bus. Exp. Lines".

Date	Description of Expense	Amount

Total Business Expenses

Total Expenses Paid by Employee	<input style="width: 80px; height: 20px; text-align: right;" type="text" value="0.00"/>
Original Amount of Advance	<input style="width: 80px; height: 20px;" type="text"/>
Amount Due to Employee	<input style="width: 80px; height: 20px; text-align: right;" type="text" value="0.00"/>

Accounting Information

USNH ID (Banner Vendor Code):

Expense Distribution

(To be completed by BSC.)	FUND	ORG	ACCOUNT	PROG	ACTIVITY	LOCATION	AMOUNT	
<u>Advance</u>								
(To be completed by Travel Center.)								
Advance Number:								
TOTAL							0.00	<u>Undistributed</u> 0.00

Approvals/Signatures

I certify that the above expenses were incurred by me in fulfillment of my duties to the University System of New Hampshire, that the amounts shown conform to the travel regulations in the University System policy manual, and that no amounts have been or will be submitted for reimbursement elsewhere.

Signed by:

Traveler

Date

Signed by:

Dean, Director, Dept Head, Bus. Mgr.

Date

Signed by:

Additional Dean, Director etc. (If needed)

Date

Signed by:

Authorized BSC Representative

Date

Signed by:

Sponsored Research (If Applicable)

Date

Signed by:

Travel Coordinator/Entered by

Date