

Expense Reimbursement Form

For the reimbursement of expenses pertaining to travel and business relating to Loyola University Chicago

Preparing people to lead extraordinary lives

requesting reimbursement for moving mileage expenses please use the miscellaneous section as it is

a different rate and may be taxable to the employee.

Name:]	ProCard Holder? \	∕ES □ NO	☐ Travel to LU	JC? YES [□ NO □
Home Add	ress:						Γelephone/Extension	on:			
City:	Home Address:					Email:		@luc.edu			
	Transp	ortation	Person	nal Auto			Meals		Miscellaneous		
Date	Amount	Type	# Miles	Mileage*	Lodging	City/Locale	State/Country	Amount	Description	Amount	Daily Total
			1								
			1								
Sub-Total											
Date	Meal	Establi	ishment		Nature of B	usiness	Attendees (please a	ttach additional)	Business Affiliatio	n of Guests	Daily Total
Bute	TVICUI	Loudi			ratare or B	<u>usiiiess</u>	7 ttendees (piedse d	tuen udditionar)	Business / Illinute	n or Guests	Dully Total
				1							
IRS Business Mileag	ge Reimbursement Ra	ates will auto-calcul	ate based on the	date of travel. If						Sub-Total	

Page 1 of 2



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Home Address:			Telephone/Extension:	
City:	State:	Zip:	 Email:	@luc edu

Certification of Expenses: I certify this expense report is a true and accurate accounting of expenses incurred on authorized University or grant approved business. In addition, they are fair charges against Loyola University Chicago and for all expenses chargeable to Federal or State grants, this request excludes alcohol. Amounts not approved or considered excessive by the University are authorized to be deducted.

included on this reimbursement request				
Total Expense				
Advance				
Total Reimbursement due to/from:				
Reimbursement due to Employee:				

	Balance due to Loyola University:	
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Ises	Total Exper	ise							
xper	Advance								
Expense Summary and Distribution of Expenses	Total Reim								
butio	Reimbursement due to Employee:								
Distri	Balance due								
g									
ary ar	Accounting Unit	Account	Activity	Account Category	Total Distribution				
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S									
use									
хре									
Π			Total D	istribution					

Total Distribution

Please return all completed forms including all supporting documentation to: Accounts Payable Department Lewis Towers, Room 602, Water Tower Campus. Please contact Accounts Payable at extension 5-8760 with any questions.

Business	Business Reason for Expense / Comments						

All reimbursements require a business purpose description. At a minimum, the business purpose should answer all the questions below:

- 1. Who is involved in the activity related to the expense? (Employee(s), guests, students, etc.)
- 2. What activity does the expense represent? (Conference, training, item purchase)
- 3. When did the activity occur?
- 4. Where did the activity take place?
- 5. Why or how does the expense relate to university business?

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	Name	Date
Requestor Name (print)		
Requestor Name (signature)		
Budget Administrator (print)	Ext:	
Budget Administrator (signature)		
Supervisor/Secondary Approver (print)	Ext:	
Supervisor/Secondary Approver (signature)		
Finance Use Only		

Approvals