



Health Sciences Center
Center for Continuing Education

EXPENSE REIMBURSEMENT FORM

Presenter: _____

Mailing Address: _____

EXPENSES:

MEALS..... \$ _____

AIRFARE..... \$ _____

TAXI/CABS/MILEAGE..... \$ _____

PARKING & TIPS..... \$ _____

TOTAL AMOUNT: \$ _____

The University requires the following for reimbursements:

All **original receipts** must be submitted within 10 days of the activity in order to be paid.

Receipt or invoice essential elements must include:

- Vendor name and address
- Date(s) of charge/service
- Amount
- Description of each charge/service

Airfare: 21-Day Advance Coach Fair, boarding passes and paid invoice to prove air travel.

Hotel: Itemized hotel invoice w/ meal receipts.

Meals: Detailed restaurant or meal receipts. Credit card payment documents are insufficient.

Mileage: Mileage is reimbursed at the federal rates in effect at the time the expenses are incurred or at alternative rates required by contractual arrangements. Generally odometer readings should be used though other means may be used to determine mileage as long as such means produce an objective, accurate result.

Tips: You must present evidence associated with the "cash only" purchases (ie: cab receipt with tip allocation, Valet ticket, hotel bill with bellhop tip).

*LOST RECEIPT REQUIREMENT: If an itemized receipt or invoice is not available, it is expected that a missing receipt affidavit will be completed and filed with the payment request. Please email your CCE contact for this form.