College of Engineering Employee Reimbursement Form
This form is used for expenses incurred for incidental expenses for which a card cannot be used. The information is required for any reimbursement to occur. Receipts for all expenses must be submitted with this form. Please submit mileage traveled for reimbursement as gas receipts are not accepted (printout of Google Maps is strongly suggested).

## All information MUST be completed for a reimbursement to be issued

First Name: $\qquad$ Last Name:

Telephone: $\qquad$ Employee ID \#:

Email: $\qquad$ Department: $\qquad$
Where would you like to charge this reimbursement (speedchart/account)?: $\qquad$
Why was your UD Credit Card not used? (e.g. per diem, cash only, lost/stolen card, other) Please Explain: $\qquad$
$\qquad$

|  | Please fill out for Travel Reimbursements |
| :--- | :---: | :---: |
| Destination | Name of Conference(if applicable): |
| Date of Departure: |  |

## Expenses for which reimbursement is requested:

| Type of Charge | Amount | Have Receipt? |
| :--- | :--- | :--- |
| Tips |  |  |
| Ground Transportation |  |  |
| Tolls |  |  |
| Parking |  |  |
| Mileage (rate is .55 a mile) |  |  |
| Per Diem (75\% of rate on first and last days of travel) |  |  |
| Other (vendor name \& type of expense): |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | $\$$ |  |
| Total Reimbursement |  |  |

Please remember to submit receipts with this form. Completed forms and required receipts will not be returned.

## Requester Signature:

Date:
Advisor Signature (if applicable):
Date:

