Print Form

☐ I will pick up the check
☐ Please mail the check
☐ CPO to _____
☐ Reimbursement via Payroll (All Faculty and Staff)

Judson University Expense Report
(Reimbursement Items Only)

IV#_____

Payable to: _____ ID # _____ Date: _____

Date	Purpose for Expenditure	Tolls, Parking	Your Vehicle Miles X Mileage Rate		Rental or College Car Gas, Oil	Travel	Business Meals	Travel Meals	*Misc	**Totals
Totals										

Note:
- 2011 Judson Mileage Rate=$.50 per mile
- Mileage must be supported w/ address
- Please include all attendees for meal purchases.
- Misc. items must be explained in Section 2.
- Expense distribution is required in Section 3 for full amount of reimbursement.

Section 2

Date	Miscellaneous Expense Explanations	Amount
	*Total Misc.	

Section 3

Fund #	Function #	Object #	$ Amt.
10			
10			
10			
10			
10			
		**Grand Total $	

Employee Signature_____

Approved By_____

revised 01/05/07