



**EMPLOYEE REIMBURSEMENT – 2015**

EMPLOYEE: \_\_\_\_\_ DATE(S): \_\_\_\_\_

FUNCTION: \_\_\_\_\_

MILEAGE: \_\_\_\_\_ MILES @ \$0.42 \$ \_\_\_\_\_ GL# \_\_\_\_\_

TOLLS: \$ \_\_\_\_\_ GL# \_\_\_\_\_

MEALS:  
\_\_\_\_\_ BREAKFAST(S) \$ \_\_\_\_\_ GL# \_\_\_\_\_

\_\_\_\_\_ LUNCH(ES) \$ \_\_\_\_\_

\_\_\_\_\_ DINNER(S) \$ \_\_\_\_\_

HOTEL:  
HOTEL NAME: \_\_\_\_\_ GL# \_\_\_\_\_

\_\_\_\_\_ # ROOMS X \_\_\_\_\_ # NIGHTS @ \$ \_\_\_\_\_ \$ \_\_\_\_\_

MISC. EXPENSES (PLEASE ITEMIZE)

\_\_\_\_\_ \$ \_\_\_\_\_ GL# \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ GL# \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ GL# \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ GL# \_\_\_\_\_

TOTAL EXPENSES: \$ \_\_\_\_\_

LESS EXPENSES ABOVE CHARGED ON OVU CREDIT CARD \$( \_\_\_\_\_ )

**NET AMOUNT DUE TO EMPLOYEE** \$ \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_

**PURPOSE AND PROCEDURE:**

*Use this form when you have used personal funds for University business and need reimbursed.*

*Upon completion of this form, obtain your supervisor’s signature approving the expenses being reimbursed. The form then needs to be submitted to the Accounts Payable Manager for payment. In most instances, checks are processed weekly on Thursdays. This form must be submitted, with the appropriate signature, by 5 pm Tuesday to be included in the check run.*

*For Learning. For Faith. For Life.*