Guilford COLLEGE

TRAVEL REIMBURSEMENT REQUEST

Must Be Completed

Dates from to

Name:

Address: Phone:

Department

Approved By: Date:

DATE	DESTINATION & DESCRIPTON	Automobile		FARES	LODGING	MEALS			MISC	TOTAL
		Miles	Amt.			B	L	D		
	TOTALS									

* ***Guilford Employee Only***

All Receipts must be attached.

	Total Expenditures	$
*	Advance Received	$
*	Balance Due to College	$
*	Balance Due From College	$

I hereby certify that expenses listed above have been incurred by me and were necessary to perform that service for the department.

Signed:

Dated:

Fund #	Org#	Account#	
			$
			$
			$
			$
			$

**Receipts must include name of Vendor and Date plus an itemized listing of purchases (tax, tip,etc.) Credit card receipts alone are usually NOT acceptable.

Rev. 1-03