



**REIMBURSEMENT / RECLASS REQUEST  
TRAVEL, BUSINESS AND RELATED EXPENSES (2016)**

<b>NAME (Last, First)</b> Townsend, Suzanne		<b>STUDENT / EMPLOYEE ID:</b> 999 55 5555		<b>DEPARTMENT</b> OAA		<b>DEPT. PHONE #</b> x2134		<b>AUTHORIZATION</b>		<b>MONTH/YEAR</b> October-16						
<b>D A T E</b>	<b>TRIP INFORMATION &amp; BUSINESS PURPOSE</b>			<b>AUTO</b>		<b>PARKING</b>	<b>LODGING</b>	<b>MEALS</b>		<b>OTHER EXPENSES</b>		<b>TOTAL</b>				
	<b>FROM/TO -- DESCRIPTION</b>			<b>MILES</b>	<b>RATE</b>			<b>ALLOW.</b>	<b>B/L/D</b>	<b>AMOUNT</b>	<b>DESCRIPTION</b>		<b>AMOUNT</b>			
	10/10/2016 donuts for UCOL course section, 21 people				\$0.54	\$0.00				Top Pot Donuts	\$15.00	\$15.00				
	10/24/2016 continental breakfast supplies for UCOL course section, 21 people				\$0.54	\$0.00				Safeway	\$43.00	\$43.00				
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<b>VENDOR NO.</b>		<b>VOUCHER NO.</b>		<b>TOTALS →</b>		0	\$0.00	\$0.00	\$0.00	\$0.00	\$58.00	<b>\$58.00</b>				
<b>CHECK STUB PAYMENT INFORMATION</b>				<b>DISTRIBUTION</b>				<b>IMPORTANT INSTRUCTIONS</b>		<b>CASH SUMMARY</b>						
<b>L I N E</b>	<b>DESCRIPTION (16 Max.)</b>	<b>DATE</b>	<b>AMOUNT PAID</b>	<b>ACCOUNT</b>				<b>AMOUNT DB (-CR)</b>	1. List business purpose related to all expenses. 2. Submit at least monthly. Do not submit any more frequently unless over \$50. 3. Submit in duplicate. Retain PINK copy. 4. Allow 5 days minimum turnaround after accounting received. CLAIMANT'S SIGNATURE _____ APPROVAL (CLAIMANT'S IMMEDIATE SUPERIOR) _____ DATE _____							
				<b>FUND</b>	<b>ORG</b>	<b>ACCOUNT</b>	<b>ACTIVITY</b>									
	Reimburse / Reclass	10/29/16	\$58.00					\$58.00					LESS TRAVEL ADVANCE			
													BALANCE DUE SPU			
									BALANCE DUE ME			\$58.00				
<b>DUE DATE</b>		<b>TOTALS →</b>						\$58.00	<b>INITIAL</b>	<b>BUDGET APPROVAL</b>	<b>PAYMENT APPROVAL</b>	<b>CHECK NO.</b>				