LOYOLA UNIVERSITY CHICAGO

Preparing people to lead extraordinary lives

Expense Reimbursement Form

For the reimbursement of expenses pertaining to travel and business relating to Loyola University Chicago

Name: _____ ProCard Holder? YES ☐ NO ☐

Home Address: _____ Telephone/Extension: _____

City: _____ State: _____ Zip: _____ Employee ID or UVID: _____

Travel and Business

Date	Transportation		Personal Auto		Lodging	Meals			Miscellaneous		Daily Total
	Amount	Type	# Miles	Mileage*		City/Locale	State/Country	Amount	Description	Amount	
Sub-Total											

Entertainment

Date	Meal	Establishment	Nature of Business	Attendees (please attach additional)	Business Affiliation of Guests	Daily Total
					Sub-Total	

* IRS Business Mileage Reimbursement Rates will auto-calculate based on the date of travel. If requesting reimbursement for moving mileage expenses please use the miscellaneous section as it is a different rate and may be taxable to the employee.

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Name: _____

Home Address: _____ Telephone/Extension: _____

City: _____ State: _____ Zip: _____ Employee ID or UVID: _____

Certification of Expenses: I certify this expense report is a true and accurate accounting of expenses incurred on authorized University or grant approved business. In addition, they are fair charges against Loyola University Chicago and for all expenses chargeable to Federal or State grants, this request excludes alcohol. Amounts not approved or considered excessive by the University are authorized to be deducted.

☐ I certify that expenses paid via a University ProCard are NOT included on this reimbursement request

Expense Summary and Distribution of Expenses

Total Expense	
Advance	
Total Reimbursement due to/from:	
Reimbursement due to Employee:	
Balance due to Loyola University:	

Accounting Unit	Account	Activity	Account Category	Total Distribution
			Total Distribution	

Business Reason for Expense / Comments

Approvals

	Name	Date
Requestor Name (print)		
Requestor Name (signature)		
Budget Administrator (print)	Ext:	
Budget Administrator (signature)		
Supervisor/Secondary Approver (print)	Ext:	
Supervisor/Secondary Approver (signature)		
Finance Use Only		

Please return all completed forms including all supporting documentation to: Accounts Payable Department
Lewis Towers, Room 602, Water Tower Campus.
Please contact Accounts Payable at extension 5-8760 with any questions.