

*Name		<b>Expense Report</b> <b>Virginia Wesleyan University</b> 5817 Wesleyan Drive Virginia Beach, VA 23455
*Address		
*City, State,		
*Zip Code		
*Phone		
*Purpose:		
*Location:		

*Date(s) Expenses Incurred:																
Expense Item	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Totals	
	/	/	/	/	/	/	/	/	/	/	/	/	/	/	Dollars	Cents
1. Breakfast																
2. Lunch																
3. Dinner																
4. Lodging																
5. Meals and refreshments for others																
6. Transportation																
7. Milage Reimbursement (_____x_____¢ =\$_____)																
8. Other (explain)																

\* Denotes Required Information

Detail Explanation of Item 5 (Use Reverse if Necessary)		
Date	Name of Person(s)	Amount
Total to Line 5		

\$ Total
Less Advance
Less Paid by VWC
Due Vwc
Due Claimant

Account Number(s) and Distribution (Required)		
Account Number	Amount	Business Office Approval
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 1.) All employees are to use this form for travel reimbursement.
- 2.) All travel vouchers are to be submitted to the business office no later than 4:00 p.m. Tuesday for processing on Friday.
- 3.) Original receipts must be attached for all items claimed for reimbursement. If receipts are not available, written explanation must be given
- 4.) Person with budgetary responsibility for the account charged must approve this travel voucher.
- 5.) If you are not enrolled to receive ACH deposits through The Payments Company, a check will be mailed to the address entered above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Designated Budget Official