| Travel Expense Reimbursement Form | | | | | Name | | | | | | |
|-----------------------------------|------------------------------------|---|-------------|---------------------|---------------|---------------|--------|-------------|--------|---------------------|--------|
| King's College | | | | Address | | | | | | | |
| 133 North River | | | | | | | | | | | |
| Wilkes-Barre, PA 18711 | | | | City | | | | ST, Zip | | | |
| Check Payable to: | | | | | | | | | | | |
| Purpose: | | | | | | | | | | | |
| Location | (s): | | | | | | | | | | |
| Date(s) Expenses Incurred: Sunday | | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Total | | |
| | | | | | | | | | | | |
| Expense | Item: | | _ | | | | | | | 1 | |
| 1 Meals \$64/day max | | | | | | | | | | | 0.00 |
| 2 | Business Meals for Others | | 'S | | _ | | | | | | 0.00 |
| 3 | Air or Rail | | | | | | | | | | 0.00 |
| 4 | 4 Car rental | | | | | _ | | | | 0.00 | |
| 6 | Other transportation/parking/tolls | | | | | | | | | 0.00 | |
| | Mileage Miles | | | | | | | | | | |
| | reimbursement- | | Rate .70 | | | | | | | | |
| | personal vehic | | Total | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7 | Hotel | | 1.010. | | 0.00 | 0.00 | 0.00 | | 0.00 | | 0.00 |
| | 8 Tips (non meal) \$7/day max | | | | | | | | | | 0.00 |
| | 9 Registration | | | | <u> </u> | _ | | | | | 0.00 |
| 10 Other (explain) | | | | | | | | | | 0.00 | |
| | Explanation of | | | | | | | | | Total expens | 0.00 |
| Date | Explanation of | Name of Person(s) | | | | | | | | Less advance | |
| | | Traine of Ferson(s) | | | | | | | Amount | Less paid by | |
| | | | | | | | | | | P-Card Subtotals | 0.00 |
| | | | | | | | | | | Due King's | 0.00 |
| | | | | | | | | | | Due Claimant | - |
| | | Total of Line 5 Documentation for Missing Receipts | | | | | | | 0.00 | Due Claimant | |
| Data | | | | | | | | | Amount | | |
| Date De | | Descriptio | Description | | | | | | | | |
| | | | | | | | | | | | |
| General Ledger Account | | | | Account Name Amount | | | | | Docor | intion | |
| Gen | erar Leager Acc | Juli Addount Num | | | Amount | | | Description | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | Ī | TOTAL | | 0.00 | | | | |
| Faculty / St | aff Signature | | | | TOTAL | | 0.00 | | | | (date) |
| | t Chair/Vice Pres | ident Signa | ture | | | | | | | | (date) |
| | | | | Fo | or Business C | Office Use On | | | | | |
| √oucherN | umber | | | | _ | | | | | | |

Assistant Controller Approval ____