

EMPLOYEE EXPENSE WORKSHEET

Complete this worksheet and submit with related receipts to the preparer for entry. Use for all employee travel and non-travel reimbursements.

After entry and approval the PeopleSoft barcoded Expense Report, this worksheet with receipts attached, is sent to Imaging.

Employee ID	
Name	
Address	
City/State/Zip	
Frequent Flyer Miles Earned (Optional)	
Frequent Flyer Miles Used (Optional)	

Expense Report Number			
Authorization ID Number			
Advance ID Number			
Travel Destination(s)/Purchase Location(s)			
Travel/Purchase Date(s) MM/DD/YY:	From:	To:	
Travel Times (AM/PM):	Depart:	Return:	
Foreign Conversion Rate			

Detailed Expense Justification (Who, What, Where, Why & When): Attach additional sheet when necessary.

Date MM/DD/YY	Detailed Description Use as many lines as necessary.	Transportation					Lodging	Meals		Hospitality/ Group Meals	Other	Totals \$
		Miles	Rate	Mileage	Airfare	Other		Select BLD or Full	\$ Amount			
			0.550	-				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch OR <input type="checkbox"/> Full Day <input type="checkbox"/> Dinner				\$ -
			0.550	-				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch OR <input type="checkbox"/> Full Day <input type="checkbox"/> Dinner				\$ -
			0.550	-				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch OR <input type="checkbox"/> Full Day <input type="checkbox"/> Dinner				\$ -
			0.550	-				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch OR <input type="checkbox"/> Full Day <input type="checkbox"/> Dinner				\$ -
Totals:		0		\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -

My Signature Certifies:

- The listed expenses are legitimate.
- I have not been nor will I be reimbursed for these expenses by any other source(s).
- I have not earned frequent flyer points for personal use.
- Required receipts/documentation are attached.

Helpful Links:

- http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentId=17943&contentType=GSA_BASIC
- http://www.gsa.gov/Portal/gsa/ep/contentView.do?programId=9704&channelId=15943&oid=16365&contentId=16177&pageTypeId=8203&contentType=GSA_BASIC&programPage=%2Fep%2Fprogram%2FgsaBasic.jsp&P=MTT

Additional Page(s) Total: \$ -

Total Amount to be Reimbursed: \$ -

Prepaid Expenses	Document #	Amount
Airfare:		
Conf. Registration:		
Other:		
Total		\$ -

Signature of Payee & Date

Fund	DeptID	Program	PCBU	Project	A	FIN EMPLID	Account	CF1	CF2	CS	Amount

Optional Authorized Signature & Date