STETSON UNIVERSITY, INC.

ATTACH ALL ORIGINAL RECEIPTS

EXPENSE REPORT/VOUCHER

FILE WITHIN 10 DAYS

Payable To:

Vendor Number: _____

Check Address: _____

_____

_____

Purpose of Trip/Destination

Payee Signature: _____

Budget Supervisor Signature: _____

F O A P Number:

Reimbursable Expenses

Dates Must Match Receipts Date	Breakfast $ w/o Receipt	Meals Lunch $ w/o receipt	Dinner $ w/o receipt	Lodging	Air Travel	Car Rental	Gas	Phone	Total
Subtotal (A)									(A)

Personal Auto Expense

44.5 cents per mile

Date	From	To	Mileage		Total
		Subtotal (B)			(B)

Other Miscellaneous Expenses

Date	Explanation	$ Amount	Total
	Subtotal (C)		(C)

Grand Total (A+B+C)	
Minus Cash Advances	
Check is attached ☐ Net Amount Due Stetson	
Total Reimbursement/Check Amount	

Non-Reimbursable Expenses (Company/Direct Billed)

Date	Meals	Lodging	Air Travel	Car Rental	Misc.
Total					

Finance Office Use Only

Org	Account	Amount

Total Reimbursable and Non-Reimbursable Expense ☐

Note: If provided meals and refreshments for others, please list names, purpose and place (attach to this report)

Total Check Amount ☐