

UNIVERSITY OF MINNESOTA
EMPLOYEE EXPENSE WORKSHEET

Complete this worksheet and submit with related receipts to the preparer for entry. Use for all employee reimbursements. After entry and approval, the document entry staff will send the PeopleSoft barcoded Expense Report, this worksheet, and receipts to Imaging.

U Wide Form:
 UM1612
 Rev: 01/2015

REQUIRED					
Empl ID		Name		Email	
Address				City/State/Zip	
Travel Destination(s)/ Purchase Location(s)					
Travel Times (AM/PM):	Depart:			Return:	
Travel/Purchase Date(s) MM/DD/YY:	From:			To:	

Office Use Only	
Expense Report #	
Travel Auth. ID #	
Cash Advance ID #	

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

Date MM/DD/YY	Description/Business Justification Use as many lines as necessary.	v if Required Receipt is Missing	Transportation					Lodging Rm & Tax	Meal Per Diem (includes incidentals)		Hospitality/ Grp Meals	Other	Totals \$
			Miles	Rate	Mileage	Taxi, etc.	Airfare		\$ Amount				
		<input type="checkbox"/>		0.575					<input type="checkbox"/> B Partial Day (first/last day) <input type="checkbox"/> L <input type="checkbox"/> D Full Day				
		<input type="checkbox"/>		0.575					<input type="checkbox"/> B Partial Day (first/last day) <input type="checkbox"/> L <input type="checkbox"/> D Full Day				
		<input type="checkbox"/>		0.575					<input type="checkbox"/> B Partial Day (first/last day) <input type="checkbox"/> L <input type="checkbox"/> D Full Day				
		<input type="checkbox"/>		0.575					<input type="checkbox"/> B Partial Day (first/last day) <input type="checkbox"/> L <input type="checkbox"/> D Full Day				
Totals			-										

Required when applicable - RELATED EXPENSES PREVIOUSLY PAID BY THE UNIVERSITY						
Paid by :	PCard	Voucher	Reimbursed	Document #	Date Paid	Amount
Airfare:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Conf. Registration:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Hotel:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Additional Page(s) Total:	\$ -
Total Amount to be Reimbursed:	\$ -

My Signature Certifies:

- I have paid the amounts claimed and am entitled to reimbursement according to policy.
- The listed expenses are legitimate and allowable business expenses.
- I am not requesting reimbursement for expenses charged to the Procurement Card or expenses that have been or will be reimbursed by other sources.

Helpful Links :

- <http://travel.umn.edu/>
- <http://www.gsa.gov/portal/category/21287>
- http://aoprals.state.gov/content.asp?content_id=184&menu_id=78
- <http://www.policy.umn.edu/Policies/Finance/Travel/TRAVEL.html>
- <http://www.oanda.com/currency/converter/>

TOTAL

Signature of Payee & Date (required) [see UM1612i in the Forms Library](#)

Authorized Signature & Date (required) [see UM1612i in the Forms Library](#)

Required											
Fund	DeptID	Program	PCBU	Project	A	Account	FIN EmplID	ChartField 1	ChartField 2	CS	Amount

TOTAL