University of Pikeville

**EXPENDITURE REPORT**

***(Report 25 hours after return)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | Date of Request: | |  |
| Name | |  | | Account Number | |  | |
| Destination and Purpose of Trip: | | | |  | | | |
|  |  | | | | | | |

**Type of Expenditure Personal Credit Card Cash University Credit Card**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Railroad, Bus or  Air Transportation (Attach Receipt) | |  |  |  | |
| Meals (Attach Receipt) | |  |  |  | |
| Lodging (Attach Receipt) | |  |  |  | |
| Telephone (Attach Copy) | |  |  |  | |
| Taxi (Include Tip) | |  |  |  | |
| Tolls  Parking (Attach Receipt) | |  |  |  | |
| Vehicle Rental (Attach Receipt) | |  |  |  | |
| Other (Explain) | |  |  |  | |
| **Totals**………………………………………….. | |  |  |  | |
| **Automobile Miles Driven x Per Mile Rate: =**  **Personal Reimbursement Expenses**: | | | | |  |
| $ |
| **Cash Fund** | | I hereby certify the above expenses including automobile mileage are correctly stated and were incurred by me as necessary business expense in the service of the University of Pikeville.  Signed: Date:  Dept. Head: Date:  Cost Center: | | | |
| Cash Advanced  Cash Expended  Balance Due  Employee  Balance Due the  University of Pikeville |  |
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Rev. 06/11