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 orAir Transportation (Attach Receipt) |  |  |  |
| Meals (Attach Receipt) |  |  |  |
| Lodging (Attach Receipt) |  |  |  |
| Telephone (Attach Copy) |  |  |  |
| Taxi (Include Tip) |  |  |  |
| TollsParking (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 AdvancedCash ExpendedBalance DueEmployeeBalance Due theUniversity of Pikeville |  |
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