DELAWARE STATE UNIVERSITY PERSONAL EXPENSE REIMBURSEMENT

PV Number	PV Date	Requisition No.	PV Total
			$ 0.00

Employee ID Number D#

EMPLOYEE:

TRIP TO:

INSTRUCTIONS

Reimbursement is limited to actual expenses incurred by DELAWARE STATE UNIVERSITY EMPLOYEES OR OFFICERS ONLY. Receipts are required for common carrier fares, lodging accommodations and for all items which would have required a vendor's bill had the transaction been directly between the university and the vendor, reason for trip, document entertainment other than self, list destination, daily tabulation of mileage.

EMPLOYEE CERTIFICATION

I do solemnly swear that the below mentioned expenses were incurred as a necessary expenditure in the conduct of Delaware State University business and that the representations contained in this form are true and correct.

SIGNATURE OF EMPLOYEE OR TRAVELER DATE

AUTHORIZED MANAGEMENT SIGNATURE

I hereby certify that I have examined this claim and find that the expenses are reasonable and that they conform with Delaware State University policy as reported to me.

Signed:

Date:

FUND	ORGN	ACCT. CODE.	DESCRIPTION	AMOUNT

FORM OF PAYMENT

DESCRIPTION	DSU CREDIT CARD	OTHER	PREPAID	AMOUNT	
ADVANCES					$ 0.00
REGISTRATION FEE					$ 0.00
MILEAGE					$ 0.00
AIRFARE					$ 0.00
HOTEL					$ 0.00
MEALS - EMPLOYEE					$ 0.00
- STUDENTS					$ 0.00
RENTAL CAR					$ 0.00
MISCELLANEOUS					$ 0.00
TOTAL	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

DATE	DESTINATION FROM	DESTINATION TO	AUTO MILES	COMMON CARRIER	PER DIEM	BREAKFAST	LUNCH	DINNER	HOTEL	MISCELLANEOUS (TIPS, TOLLS, PARKING, ETC.) DESCRIPTION	AMOUNT
GRAND TOTAL											
0.00	0 MILES	0.565	$ 0.00	0	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00