

UNIVERSITY OF PUGET SOUND

Expense and Reimbursement Record for University Enrichment Funds

Please return this form and original receipts to Associate Dean Sunil Kukreja within ten days of your trip.
Be sure to submit original receipts for all expenses and to attach a copy of your final presentation.

Name _____ CMB _____ Date _____ Phone _____ Email _____

Travel to _____ for _____

1. Automobile destination and dates: _____

		Paid by university cash advance or p-card	Paid by you, the grant recipient
Total Miles _____ @ .54 cents per mile.....	1.	\$ _____	\$ _____
2. Rental Car.....	2.	\$ _____	\$ _____
3. Tolls, Fares, Parking (List)	3.	\$ _____	\$ _____
4. Rail or Air Fare.....	4.	\$ _____	\$ _____
5. <u>Lodging (where you stayed) _____ Cost _____</u> _____ _____			
Total cost of lodging	5.	\$ _____	\$ _____
6. <u>Meals (If you ate with someone else, please note your cost on the receipt) _____ Cost _____</u> _____ _____			
Total cost of meals	6.	\$ _____	\$ _____
7. Registration fee	7.	\$ _____	\$ _____
8. Total Expenses (Add items 1 through 7)	8.	\$ _____	\$ _____
9. TOTAL paid by the university	9.	\$ _____	
10. TOTAL paid by you	10.		\$ _____
11. Cash advance you received from the university	11.	\$ _____	

If your expenses have exceeded your expected UEC allocation and the department travel account will cover some or all of the overage,
 please ask your department chair to complete the section below.

12. Maximum amount to be charged to department travel budget	12.	\$ _____
Department Index Number: _____		
Account Number: _____ Department Chair Approval _____		

------(Below this line for UEC use only.)-----

Rail or airfare:	640	\$ _____
Ground transportation:	640	\$ _____
Lodging:	640	\$ _____
Meals:	640	\$ _____
Registration:	640	\$ _____
Mileage:	640	\$ _____

Total to be charged to UEC Grant: \$ _____ Index Number _____

Approved by Sunil Kukreja _____ Date: _____