

Report ID: _____

Requestor: _____

Graziadio School of Business and Management AY2016-2017 Expense Reimbursement Form

Today's Date: _____
 Employee Name: _____
 Department: _____
 Phone Number: _____
 Email Address: _____

Choose Reimbursement Type:

Paper Check Direct Deposit

(not checking a box will default to paper check)

Signature: _____

Date: _____

Business Purpose: _____

Conference/Course: _____

Other (be specific): _____

Dates Attended: _____

Fund (if applicable): _____

For currency conversion: <http://www.oanda.com/currency/converter/>

Item	Date Expense Incurred	Expense Type (drop-down)	MILEAGE				Detailed Description (e.g. meeting attendees, address for off-site meeting)	Expense Amount	CURRENCY CONVERSION		
			From (drop-down)	To (drop-down)	# of Miles	Mileage Total (Rate 0.535)			Currency Conversion Rate	\$USD Conversion	REVISED TOTAL
1					0.00	\$0.00				\$0.00	\$0.00
2					0.00	\$0.00				\$0.00	\$0.00
3					0.00	\$0.00				\$0.00	\$0.00
4					0.00	\$0.00				\$0.00	\$0.00
5					0.00	\$0.00				\$0.00	\$0.00
6					0.00	\$0.00				\$0.00	\$0.00
7					0.00	\$0.00				\$0.00	\$0.00
8					0.00	\$0.00				\$0.00	\$0.00
9					0.00	\$0.00				\$0.00	\$0.00
10					0.00	\$0.00				\$0.00	\$0.00
11					0.00	\$0.00				\$0.00	\$0.00
12					0.00	\$0.00				\$0.00	\$0.00
13					0.00	\$0.00				\$0.00	\$0.00
14					0.00	\$0.00				\$0.00	\$0.00
15					0.00	\$0.00				\$0.00	\$0.00
16					0.00	\$0.00				\$0.00	\$0.00
17					0.00	\$0.00				\$0.00	\$0.00
18					0.00	\$0.00				\$0.00	\$0.00
19					0.00	\$0.00				\$0.00	\$0.00
20					0.00	\$0.00				\$0.00	\$0.00
					0.0	\$0.00	<p style="text-align: center; color: red; font-size: small;">TOTAL OF THE UNCONVERTED EXPENSES ONLY. => No Converted or Mileage included. See the totals under those columns for that information.</p>		\$0.00	\$0.00	\$0.00