

Rowan University Travel Expense

Date of Request: _____

Encumbrance #: _____

Traveler Name: _____

Rowan ID #: _____

Address: _____

Rowan E-Mail: _____

Purpose of Trip: _____

Dates (from/to)	Items	Description of Expense <i>Include name of airline, hotel, etc.</i>	mileage	amount

***If you paid with a credit or debit card, you must include a copy of the card showing your name and the last four digits of the account number. All other information can be blacked out.

***Meal expenses are paid per diem based on conference location; travelers are eligible for 75% of that per diem on actual travel days. Conference/meeting sponsored meals are not eligible towards your reimbursement. Meal expenses will be added if needed for reimbursement; therefore, no meal receipts are required.

***If submitting mileage please submit a Google maps print/out showing actual mileage.

I hereby certify that the travel & expenses indicated hereon, were incurred in the performance of official duties pursuant to the travel authority granted to me by the encumbrance number noted above.

Signature of Claimant/Traveler: _____

COMPLETE FORM AND RETURN (with eligible receipts) TO KAREN M. DAVIS, ROOM 217/AC for processing