

**MARQUETTE UNIVERSITY**  
**TRAVEL EXPENSE REIMBURSEMENT FORM**  
 (To Be Used For Cash Or Personal Credit Card Only)

Name \_\_\_\_\_ Department \_\_\_\_\_ Mail Check to \_\_\_\_\_  
 Purpose of Travel \_\_\_\_\_

DATE	TRANSPORTATION (attach receipts) *				LODGING ATTACH RECEIPTS *	MEALS IF OVER \$10.00 ATTACH RECEIPTS *	OTHER EXPENSE		
	LOCATION	EXPENSE					AMOUNT	EXPLANATION	NATURAL
		AUTO	AIR	TRAIN/ BUS			IF OVER \$10.00 ATTACH RECEIPTS *		
	From	Miles				B			
		Rate \$ 0.555				L			
	To					D			
	From	Miles				B			
		Rate \$ 0.555				L			
	To					D			
	From	Miles				B			
		Rate \$ 0.555				L			
	To					D			
	From	Miles				B			
		Rate \$ 0.555				L			
	To					D			
	From	Miles				B			
		Rate \$ 0.555				L			
	To					D			
	From	Miles				B			
		Rate \$ 0.555				L			
	To					D			
	Total Expense								
	If not 100% the % to be reimbursed								
	\$ to be reimbursed								
Please Check One	<input type="checkbox"/> Domestic Travel Naturals	6905	6900	6905	6910	6915			
	<input type="checkbox"/> Foreign Travel Naturals	6935	6930	6935	6940	6945			
I hereby certify that the above expenses were for official business for Marquette University.							Total Expenses	\$ _____	Comptroller's Office
Signature _____ Date _____							Total Reimbursement	\$ _____	
I certify that these expense conform to the guidelines set forth in the University Travel Policy.							Advance (if any) Check # _____	\$ _____	
Approved (Supervisor's Signature) _____ Date _____							Balance returned to Bursar (6990) Attach copy of CRV	\$ _____	Budget _____
							Balance due to you	\$ _____	Grant _____

**COMPLETE AND SEND TO THE COMPTROLLER'S OFFICE WITHIN 10 DAYS AFTER TRIP.**

\* ATTACH ORIGINAL RECEIPTS  
 Retain a copy for your records