Expense Reimbursement

SAINT AUGUSTINE'S UNIVERSITY
Transform. Excel. Lead.

Employee Name:
Budget Code:

Date submitted

Supervisor Name:
Department:

Business Purpose:

Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST

Mileage _____x0.575= _____

SUBTOTAL	$ -
Less Cash Advance	
TOTAL REIMBURSEMENT	**$ -**

Don't forget to attach receipts!

Approvals

Supervisor/Grant Director/PI* Date

Department Head/Chair Date

Research & Sponsored Programs* Date

Grant & Contracts* Date

Business Office CFO Date

*Required only if requesting reimbursement from a restricted account.
**For business meetings or meals, a list of the name of the attendees, their job titles and affliations to the university must be attached.
***Attach copy of mileage report