

**Employee Travel Expense Reimbursement Form**

*Please use this form to record the cost of expenses per day for trips directly related to business.*

Name(s) of Employee: \_\_\_\_\_

Trip Destination/Purpose: \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_

Expense	Day 1	Day 2	Day 3	Day 3	Day 4	Day 5	Total	
Airfare								
Hotel								
Car Rental								
Taxi								
Parking								
Toll								
Mileage								
Per Diem								
Business Meal								
Other								
							<b>TOTAL</b>	

Employee Signature/Date	Approval Signature/Date	Processed Signature/Date

*Notes:*

**Submittal Instructions:**

1. Please attach or include receipts with the form.
2. Email or hand form and receipts to Gillian Sheikh.