

# USNH Personal Reimbursement Form

<b>INV#</b>	
<b>GSC</b>	<b>USNH</b>

check campus: <b>UNH</b>		<b>PSU</b>		<b>KSC</b>	
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**Employee/Trip Information** Date: 10/9/2019

Name:		Position/Title:	
Department:		Phone:	
Depart Date:	Return Date:	USNH ID#	
Destination:		Address:	
Project/Grant:			
Business Purpose*:			

**Was this trip combined with vacation or personal travel time?**  Yes  No

If yes, please attach a statement and documentation that support the period and cost of the business portion of the trip.

**Employee Paid Expenses** **TOTAL**

Date (MM/DD/YY)	Day	Auto Rental	Taxi/Tolls/Parking	Air/Bus Fare	Telephone/Fax	Lodging	Other		

**Meals -** Per Diem is required unless an exception has been approved. If you choose to claim less than the per diem rate, enter that amount in Per Diem Allowance and do not complete the Adjusted Per Diem Rate section. (Amount claimed must be less than the Per Diem Allowance daily Meal Per Diem Rate).

<b>Per Diem Allowance</b>									
Incidental									
Meals Allowance									

**Adjusted Per Diem Rate** Indicate if meals were provided by other sources - included with conference, provided by a colleague or vendor, etc.

<b>First or Last Day - 75%</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other than the first or last day:</b>									
Breakfast - 25%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch - 28%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner - 47%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Daily Allowance Total</b>									
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**Mileage -** The mileage rate and total amount will be calculated based on the date and number of miles. Enter dates in MM/DD/YY format.  
 To add additional mileage expense lines enter the number of lines, press tab, then click "Add Mileage Lines".

Date	Departure, Destination, Business Purpose	Round Trip?	Miles	Mileage Rate	

*If multiple trips included above please include business purpose for each trip.* **Total Mileage Expenses**

**Business Expenses -** Business purpose must be explained on each receipt. Business meals must include a brief description of business purpose including who, what, where, when and why, a detailed receipt, agenda, attendees, and approximate meeting times should be provided. List each item below.

To add additional business expense lines, enter number of lines, press tab, then click "Add Bus. Exp. Lines".

Date	Vendor	Description of Expense	Amount

<b>Total Business Expenses</b>	<input style="width: 80px;" type="text"/>
<b>Total Expenses Paid by Employee</b>	<input style="width: 80px;" type="text"/>
<b>Original Amount of Advance, if applicable</b>	<input style="width: 80px;" type="text"/>
<b>Amount Due to Employee</b>	<input style="width: 80px;" type="text"/>

# USNH Personal Reimbursement Form (continued)

## Accounting Information

USNH ID (Banner Vendor Code):

FUND	ORG	ACCOUNT	PROG	ACTIVITY	LOCATION	AMOUNT

Amount Advanced (UNH Central Admin Use Only)

Advance Number:									Undistributed
<b>TOTAL</b>									

## Approvals/Signatures

I certify that the above expenses were incurred by me in fulfillment of my duties to the University System of New Hampshire; and that all expenses included conform to USNH Financial Services Policies and Procedures related to business travel and business expenditures. In addition,

1. where applicable, no expenses above were included in the registration fees of the conference attended;
2. no expenses above were paid by any other entity;
3. no expenses above have been submitted for reimbursement elsewhere, nor will they be in the future; and
4. where applicable, scanned or imaged receipts provided to support these expenses are true copies of the original receipts.

<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____</td> <td style="width: 50%; border: none;">_____</td> </tr> <tr> <td style="border: none;"><b>Traveler</b></td> <td style="border: none;">Signature</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;">Date</td> </tr> </table>	_____	_____	<b>Traveler</b>	Signature		Date
_____	_____					
<b>Traveler</b>	Signature					
	Date					

<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____</td> <td style="width: 25%; border: none;">_____</td> <td style="width: 25%; border: none;">_____</td> </tr> <tr> <td style="border: none;">Name and Title</td> <td style="border: none;">Signature</td> <td style="border: none;">Date</td> </tr> </table>	_____	_____	_____	Name and Title	Signature	Date
_____	_____	_____				
Name and Title	Signature	Date				
<b>Travel Approver (Direct supervisor or his/her designee, or Principal Investigator)</b>						

<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____</td> <td style="width: 25%; border: none;">_____</td> <td style="width: 25%; border: none;">_____</td> </tr> <tr> <td style="border: none;">Name and Title</td> <td style="border: none;">Signature</td> <td style="border: none;">Date</td> </tr> </table>	_____	_____	_____	Name and Title	Signature	Date
_____	_____	_____				
Name and Title	Signature	Date				
<b>Travel Expense Approver ( If different than the Travel Approver)</b>						

<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____</td> <td style="width: 25%; border: none;">_____</td> <td style="width: 25%; border: none;">_____</td> </tr> <tr> <td style="border: none;">Name and Title</td> <td style="border: none;">Signature</td> <td style="border: none;">Date</td> </tr> </table>	_____	_____	_____	Name and Title	Signature	Date
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Name and Title	Signature	Date				
<b>Sponsored Programs (if applicable)</b>						

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_____	_____	_____				
Name and Title	Signature	Date				
<b>Exception Approver ( if applicable)</b>						

<b>Travel Coordinator/Invoice Entered by:</b>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____</td> <td style="width: 25%; border: none;">_____</td> <td style="width: 25%; border: none;">_____</td> </tr> <tr> <td style="border: none;">Name and Title</td> <td style="border: none;">Signature</td> <td style="border: none;">Date</td> </tr> </table>	_____	_____	_____	Name and Title	Signature	Date
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