

Business Travel Reimbursement over One Year

Please complete, attach original receipts, and send to Payroll Services.

Section 1:

Employee Name: _____

Employee ID: _____

Employee Record: _____

Amt. paid through Payroll: \$ _____

Unit	Division	Organization	Fund Type	Location	Business Line	Activity	RU Initiative	Project	Task	Expenditure UDO

Section 2:

Requestor		
Requestor - Printed name	Requestor - Signature	
Email	Phone	Date
Approver: Department Head/Designee		
Approver - Printed name	Approver - Signature	
Email	Phone	Date
Second Approver: Chancellor/Director		
Approver - Printed name	Approver - Signature	
Email	Phone	Date

Section 3:

FOR PROCUREMENT USE ONLY	
Approved: Procurement	
Reviewed By	Date
FOR PAYROLL USE ONLY	
Approved: Controller's Office - Payroll Services	
Processed By	Date