



Form
Reimbursement

Name -		TCU ID -	
Department -		Destination -	
Work Ext. -	Box No. -	Purpose -	

Expense Item								TOTALS
1. Breakfast								
2. Lunch								
3. Dinner								
4. Lodging								
5. Meals for others								
6. Air/Rail								
7. Taxi/Limousine								
8. Mileage Reimb (48.5)								
9. Other Transportation								
10. Telephone								
11. Registration Fee								
12. Parking								
13. Postage								
14. Tips								
15. Other								
Totals								

Total Expenses

Less Advance

Total

Due TCU

Due Claimant

Charge

Account -	Department -
Fund - 11000	

I Certify that all of the above expenses were university related business

Signature _____

Date _____

Charge

Account -	Department -
Fund -	

Approved by _____

