

USNH Personal Reimbursement Form

INV#

UNH

PSU

KSC

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GSC

USNH

Employee/Trip Information

Date: 11/26/2018

Name:				Position/Title				
Department:					Phone:			
Depart Date & Time:			<input type="checkbox"/> AM <input type="checkbox"/> PM			Return Date & Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM
Destination:				USNH ID				
Project/Grant:				Address:				
Bus. Purpose:								

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 Per Diem Rate).

Per Diem Allowance

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Adjusted Per Diem Rate

Indicate if meals were provided by other sources - included with conference, provided by a colleague or vendor, etc.

Breakfast - 20%	<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 - 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"/>
Dinner - 55%	<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"/>
Daily Meal Total									

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 lines enter the number of lines, press tab, then click "Add Mileage Lines".

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Date	Departure, Destination & Purpose	Miles	Mileage Rate	

Total Mileage Expenses

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Business Expenses -

Business purpose must be obvious or explained on each receipt. Business meals must include a brief description of business purpose including who, what, where, when and why. List each item below.

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

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Date	Description of Expense	Amount

Total Business Expenses

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Total Expenses Paid by Employee

Original Amount of Advance

Amount Due to Employee

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Accounting Information

USNH ID (<i>Banner Vendor Code</i>):		Expense Distribution
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USNH ID (<i>Banner Vendor Code</i>):		Expense Distribution
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(To be completed by BSC.)	<u>FUND</u>	<u>ORG</u>	<u>ACCOUNT</u>	<u>PROG</u>	<u>ACTIVITY</u>	<u>LOCATION</u>	<u>AMOUNT</u>
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Advance							
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<u>Advance</u>							
(To be completed by Travel Center.)							

Advance Number:								
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[illegible]

	TOTAL		
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Approvals/Signatures _____

I certify that the above expenses were incurred by me in fulfillment of my duties to the University System of New Hampshire, that the amounts shown conform to the travel regulations in the University System policy manual, and that no amounts have been or will be submitted for reimbursement elsewhere.

Signed by:				
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Signed by:

Traveler **Date**

Signed by:

Traveler **Date**

Signed by:				
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Signed by:
Dean, Director, Dept Head, Bus. Mgr. **Date**

Signed by:
Dean, Director, Dept Head, Bus. Mgr. **Date**

Signed by:				
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Signed by:
Additional Dean, Director etc. (If needed) **Date**

Signed by:
Additional Dean, Director etc. (If needed) **Date**

Signed by:				
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Signed by:

Authorized BSC Representative **Date**

Signed by:

Authorized BSC Representative **Date**

Signed by:				
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Signed by:
Sponsored Research (If Applicable) **Date**

Signed by:
Sponsored Research (If Applicable) **Date**

Signed by:				
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Signed by:

Travel Coordinator/Entered by **Date**

Signed by:

Travel Coordinator/Entered by **Date**