

Business Expense Reimbursement Form

Case # _____

This form is used by Students and Non Employees to request reimbursement for [Business Expenses](#)

Payee Name _____
 Dept Name _____
 Address _____
 City, State, Zip _____

Date Prepared _____
 Prepared by _____ Preparer Phone _____
 Student ID _____
 Send Check to _____

Meal Expenses

Date	Business Purpose	Where held (restaurant, etc)	List Attendees	Amount
TOTAL MEAL EXPENSES				

Other Business Expenses

Date	Business Purpose	Type	Amount
TOTAL OTHER EXPENSES			

Local Auto, Bus, Taxi, Tolls

Date	From	To	Total Miles	.575/mile	Parking & Tolls	Business Purpose	Amount
TOTAL LOCAL TRAVEL							

APPROVAL SIGNIFIES COMPLIANCE WITH UNIVERSITY POLICIES & PROCEDURES. IN ADDITION, IF GRANT FUNDED, IN ACCORDANCE WITH FEDERAL COST PRINCIPLES AND SPONSORED AGREEMENT GUIDELINES, THERE ARE NO UNALLOWABLE COSTS (I.E. ALCOHOL, ENTERTAINMENT ETC.) CHARGED TO GRANTS.

REPORT TOTAL

Payee Signature _____ Date _____
 Supervisor Signature _____ Date _____
 Dept Chair/Dean/VP _____ Date _____
 BFO/Asst Dean _____ Date _____
 Sponsored (grants) _____ Date _____

Account	DeptID	Proj/Grant	Amount

Please email completed form with receipts to e-mail address on the right

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