



**College of Engineering  
Employee Reimbursement Form**

This form is used for expenses incurred for incidental expenses for which a card cannot be used. The information is required for any reimbursement to occur. **Receipts** for all expenses **must** be submitted with this form. Please submit mileage traveled for reimbursement as gas receipts are not accepted (printout of Google Maps is strongly suggested).

**All information MUST be completed for a reimbursement to be issued**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Email: \_\_\_\_\_ Department: \_\_\_\_\_

Where would you like to charge this reimbursement (speedchart/account)?: \_\_\_\_\_

Why was your UD Credit Card not used? (e.g. per diem, cash only, lost/stolen card, other) Please Explain: \_\_\_\_\_

Please fill out for Travel Reimbursements

Destination \_\_\_\_\_ Name of Conference(if applicable): \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

**Expenses for which reimbursement is requested:**

<i>Type of Charge</i>	<i>Amount</i>	<i>Have Receipt?</i>
Tips		
Ground Transportation		
Tolls		
Parking		
Mileage (rate is .55 a mile)		
Per Diem (75% of rate on first and last days of travel)		
Other (vendor name & type of expense):		
<i>Total Reimbursement</i>	\$	

Please remember to submit **receipts** with this form. Completed forms and required receipts will not be returned.

**Requester Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor Signature (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_