**DELAWARE STATE UNIVERSITY**

**PERSONAL EXPENSES REIMBURSEMENT INSTRUCTIONS**

*\* Please complete this form if you are requesting reimbursement from any approved out of pocket expenses as a DSU Employee. Below are the instructions on how to complete this form accurately. Please reach out to Accounts Payable Department (accountspayable@desu.edu) for questions. \**

**ALL RECEIPTS OF THE EXPENSES MUST BE SUBMITTED TO OBTAIN REIMBURSEMENT!!!!!!**

**SECTION 1 – Basic Information**

EMPLOYEE INFO: The D# & Name of the DSU Employee seeking the reimbursement.

REASON FOR REQUEST: The name of the event related to the reimbursement.

MEHTOD OF PAYMENT: Select whether you would like a check or WIRE/ ACH to your bank account. If you choose WIRE/ ACH, please attach wiring information.

**SECTION 2 – Expense Details**

DATE: Date the transaction occurred. Items that are over 60-calendar days will not be reimbursed.

TRANSACTION DESCRIPTION: Describe the transaction you are requesting reimbursement (Ex. Trip to A/CAP Conference in Harrisburg, PA).

**TRANSACTION TYPES:**

AIRFARE: All expenses related to traveling by air, such as baggage fees.

MEALS: Consist of breakfast, lunch, & dinner. If meals are held with others, please include their names in this area. Tips on meals are included for reimbursement within reason.

REGISTRATION: Includes the amount to attend conferences or training related to daily employment duties.

LODGING: Includes the cost of staying overnight with hotel taxes. Do not include any meals charged to the room; they should be included under the "Meals" section.

TRANSPO: Includes the cost of getting to & from the destination on the ground, such as tolls, rental car, private vehicles, public transportation, etc. The usage of your personal vehicle will only be reimbursed based on the IRS business standards ($0.625/ mile in 2022). Normal commute to & from work & gas purchases does not get reimbursed.

MISC/ OTHER: Includes all other areas not mentioned previous. Provide an explicit description is needed for reimbursement.

**SECTION 3 – Signatures/ Approvals**

~ All necessary signatures must be provided before reimbursement can be processed. No individual can sign/ approve on more than one line (***NO DOUBLE SIGNATURES***).

~ By signing this form, you certify the expense incurred as a necessary expenditure in conducting Delaware State University business, and reviewed that the expenses are reasonable & conform to Delaware State University policies.

***Requests completed & signed should be sent to*** [**accountspayable@desu.edu**](mailto:accountspayable@desu.edu) **for processing**

DELAWARE STATE UNIVERSITY

OFFICE OF BUSINESS & FINANCE

***(This form is to be used for DSU Personnel seeking reimbursement for actual expenses incurred in accordance with DSU Policy)***

***Approved Requisition #: R0184916***

***(Note: this is the 2nd part of summer teaching, for the fiscal year 2024)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee D#:** | D10059906 | **Employee Name:** | Zhongyan Lin | **Date:** | 08/26/2024 |

|  |
| --- |
| Reimbursement for traveling to Ningbo, China, to teach for the DESU oversee program |

***Reason for Request:***

|  |  |  |
| --- | --- | --- |
| **FUND** | **ORG** | **PRGM** |
| 1100 | 2690 | 12 |

|  |  |
| --- | --- |
|  | ***Check*** |
|  | ***Wire/ ACH*** |

***Accounting Info: Method of Payment:***

***Expense Details***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Transaction Description** | **Transaction Type** | **ACCOUNT** | **Amount** |
| 08/28/2024-12/23/2024 | Meals on 94.75 days x 52.65 | Meals | 8035 | 4988.59 |
|  |  | Choose an item. |  |  |
|  |  | Choose an item. |  |  |
|  |  | Choose an item. |  |  |
|  |  |  | **TOTAL:** | **$4988.59** |

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Requester/ Employee Date***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Immediate Supervisor/ Dept Head Approval Date***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***OSP/ RFA Approval, if needed Date***

***Requests completed & signed should be sent to*** [**accountspayable@desu.edu**](mailto:accountspayable@desu.edu) **for processing**