



Preparing people to lead extraordinary lives

Complete Name	
Home mailing address	
Home phone or cell	

Expense Reimbursement Form:
For the reimbursement of expenses pertaining to travel and business relating to Loyola University Chicago business.

Period.

Total Expense	
Advance - Cash	
Advance - Airfare <input type="checkbox"/> Pre-Card	
Advance - Lodging <input type="checkbox"/> Pre-Card	
Advance - Other <input type="checkbox"/> Pre-Card	
Total Reimbursement due to/from:	
Reimbursement due to Employee:	
Balance due to Loyola University:	
Select a Re-Payment Method	Select <input type="text"/>

Certification of Expenses: I certify this expense report is a true and accurate accounting of expenses incurred on authorized University or grant approved business. In addition, they are fair charges against Loyola University Chicago and for all expenses chargeable to Federal or State grants, this request excludes alcohol. Amounts not approved or considered excessive by the University are authorized to be deducted.

	Name	Date
Approvals	Requestor Name (print)	
	Requestor Name (signature)	
	Budget Administrator (print)	Ext:
	Budget Administrator (signature)	
	Supervisor (print)	Ext:
	Supervisor (signature)	
	Sponsored Program Accounting Accounts Payable	

Expense Summary and Distribution of Expenses

Accounting Unit	Account	Activity	Account Category	Total Distribution
Total Distribution				
Please return all completed forms including all supporting documentation to: Accounts Payable Department, Lewis Tower, Room 719, Water Tower Campus. Please contact Accounts Payable at extension 5-8750 with any questions.				

Comments/Remarks	
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