



Preparing people to lead extraordinary lives

Name: _____
 Department: _____
 Campus, Building & Room: _____
 Telephone/Extension: _____

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 Pro-Card?

Advance - Lodging Pro-Card?

Advance - Other Pro-Card?

Total Reimbursement due to/from: _____

Reimbursement due to Employee: _____

Balance due to Loyola University: _____

Select a Re-Payment Method

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.

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

Approvals

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