



# Samford University

## Accounting and Financial Services Expense Report Worksheet

<p>When submitting reimbursements, include the below on all the <b>supporting</b> documentation/receipts:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">1. Date of Transaction</td> <td style="width: 50%; border: none;">2. Amount</td> </tr> <tr> <td style="border: none;">3. Payment Method (Include the last 4 digits for cards)</td> <td style="border: none;">4. List of Services/Items Purchased</td> </tr> </table>	1. Date of Transaction	2. Amount	3. Payment Method (Include the last 4 digits for cards)	4. List of Services/Items Purchased	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Name:</td> </tr> <tr> <td style="padding: 5px;">SUID:</td> </tr> </table>	Name:	SUID:
1. Date of Transaction	2. Amount						
3. Payment Method (Include the last 4 digits for cards)	4. List of Services/Items Purchased						
Name:							
SUID:							

Payment Type:     Direct Deposit     Check                    Payee Type:     Faculty/Staff     Student     Other

Remittance Address

**(Required)**

Business Purpose of Travel or Expense and DATE

**(Required)**



**Mileage Reimbursement:**

Miles incurred (\$0.67/mile 2024 IRS Mileage Rate):

# of Miles Driven



**Summary Table**

Index Code	Fund Code	Org Code	Account Code	Account Description	Program Code	Activity Code	Amount
			710200	Auto Fuel			
			710600	Professional Dues & Memberships			
			710640	Employee Continuing Education			
			710700	Business Meals <b>(Attendees required)</b>			
			710720	Catering - Outside Vendors			
			711605	Office Supplies			
			711800	Air Travel			
			711805	Lodging			
			711810	Travel Meals <b>(Attendees required)</b>			
			711815	Mileage			
			711820	Parking Charges			
			711825	Conference Registration			
			711830	Taxicab/Uber			
			711845	Vehicle Rental			

Total Expenses:

All Signatures and Dates are Required

Reimbursee/Traveler Signature:

Date:

Supervisor Signature:

Date:

Supervisor Name:

Administrative Name:



# Samford University

Accounting and Financial Services  
**DAILY EXPENSE WORKSHEET**

Name:

SUID:

**Travel and Expense Report Work Aid - Daily Expense Worksheet**

Date	Business Meals	Travel Meals	Catering	Auto Fuel	Lodging	Taxi/Uber	Air Travel	Vehicle Rental	Conference Registration	Other Expenses
<b>TOTAL</b>										

**Do not include items paid on a Purchase Order or with a P-card.**

**List each individual receipt chronologically.**

Meal Attendees (Only those that effect reimbursement):

Links to policies and other forms:

[Accounts Payable Direct Deposit Form](#)

[Student Travel Form \(Single\)](#)

[Meal Allocation Tool](#)

[Travel Checklist](#)

[Mileage Log](#)

[Travel Request Form](#)