

Expense Reimbursement Form				Name					
King's College				Address					
133 North River				City		ST, Zip			
Wilkes-Barre, PA 18711									
Check Payable to:									
Purpose:									
Location(s):									
Date(s) Expenses Incurred:		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Expense Item:									
1	Meals								0.00
2	Business Meals for Others								0.00
3	Air or Rail								
4	Taxi & Limousine/car rental								0.00
5	Mileage reimbursement	Miles							0.00
		Rate							
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6	Other transportation/parking								0.00
7	Telephone								0.00
8	Tips								0.00
9	Other (explain)								0.00
10	Registration								0.00
* Detailed Explanation of Item 2								Total expense	
Date	Name of Person(s)					Amount	Less advance		
							Less paid by P-Card		
							Subtotals		0.00
							Due King's		
	Total of Line 5					0.00	Due Claimant		
Documentation for Missing Receipts									
Date	Description					Amount			
General Ledger Account		Account Name		Amount		Description			
		TOTAL		0.00					
Faculty / Staff Signature								(date)	
Department Chair/Vice President Signature								(date)	

For Business Office Use Only

Voucher Number _____

Assistant Controller Approval _____