



LONG ISLAND UNIVERSITY

Business and Travel Expense Reimbursement

[Click here to review Travel Policy](#)

Finance Office Use Only
Pay Date _____ Do Not Combine ___ Return Interoffice _____

Travel Advance # _____

Employee Name:	Employee ID:
Address 1:	Telephone:
Address 2:	Department:
City: State: Zip:	Destination:
Business purpose (Attach copy of the agenda, list participants, explain relationship to University activity or project.)	<input type="checkbox"/> Domestic Travel <input type="checkbox"/> Foreign Travel** **Convert expenses to US Dollars See http://www.oanda.com

Enter Travel Dates	Dates							Total
Personal Auto Miles								
Mileage Rate - Enter IRS rate								
Miles Reimbursement								
Air/Rail								
Tolls/Parking/Taxi								
Hotel/Lodging								
Meals								
Car Rental								
Other Business Expenses								
Total Expenses								

Amount Advanced _____

Total Due Employee _____

Department	Fund	Op Unit	Department	Account	Amount

Must equal Total Due Employee above

Approvals	Signature	Date	Certification
Traveler's Supervisor:			I certify that this report is a true and accurate accounting of expenses incurred in connection with authorized University business. If funded by a grant or contract, I further certify that the expenses comply with the applicable cost principals and regulations of the sponsoring entity.
Dean or Administrative Head:			
Research Approval: <small>(Required for Grants/Contracts)</small>			
Campus Financial Services:			Employee Signature _____ Date _____