UNIVERSITY OF THE INCARNATE WORD
EXPENSE REIMBURSEMENT

NAME	DATE	Location and Dates
ACCOUNT NUMBER		

DAILY LISTING OF EXPENSES										
EXPENSE ITEM	Date									TOTAL
Airfare										**0.00**
Registration Fees										**0.00**
Lodging										**0.00**
Auto Mileage										**0.00**
Breakfast										**0.00**
Lunch										**0.00**
Dinner										**0.00**
Parking/Taxi										**0.00**
Car Rental										**0.00**
Other Expenses										**0.00**
	TOTAL	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

	DETAIL OF EXPENSES WITH NO RECEIPT		Less: Air Fare	
DATE	AMOUNT	DESCRIPTION	Less: Registration	
			Less: Hotel	
			Less:	
			Less:	
			Less: Cash Advance-(if any)	
			Plus: Cash Returned to UIW	
			Total Reimb. To Traveler	**$0.00**

ODOMETER READINGS			COMMENTS OR INSTRUCTIONS
START	END	DESCRIPTION	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	