



Dartmouth College Business Expense Reimbursement Form

Office of the Controller * 37 Dewey Field Rd Ste 6163 * Hanover * NH * 03755

Please Note: Improperly Completed Forms Will Be Returned To You

Read Instructions Prior to Completing this Form

T **JAD061708**

*** All Fields Are Required ***

Payee's Name: John A. Doe	Phone No: 650-3441	Employee/Student ID #: 12345A	Hinman Box: 7260	Date: 6/17/2008
Payee's Legal Mailing Address: (Street, City, State, Zip Code) 123 Main Street, Hanover NH 03755		Prepared By: John A. Doe		Phone No: 650-3441
Business Purpose (Be Specific): Business Luncheon				
Accompanying Dartmouth Personnel:		Travel Destination: N/A	Send Check To: Mailing Address <input type="checkbox"/> Hinman Box <input checked="" type="checkbox"/>	

Total Expenses	\$ 35.63
Less: Dartmouth College Cash Advance \$\$	<input type="text"/> Cash Advance # V: _____
Less: Reimbursement from Outside Source	<input type="text"/>
Amount Due Payee	\$35.63
Amount Due Dartmouth	\$0.00

Entity (2)	Org (3)	Funding (6)	Activity (6)	Sub-Activity (4)	Nat Class (4)	Amount	
					8143	\$ -	Lodging
					8144	\$ -	Meals
					8202	\$ -	Alcohol
					8201	\$ -	Entertainment
30	121	123456	789000	0000	8151	\$ 35.63	Non-Travel Meals Local
					8141	\$ -	Airfare
					8142	\$ -	Land Transportation
					8145	\$ -	Mileage
					8045	\$ -	Telephone
					8047	\$ -	Internet
					8161	\$ -	Conference Reg Fees
					8424	\$ -	Gifts
					8423	\$ -	Flowers/Plants
					8115	\$ -	Immigration Fees
							Other
Total \$						35.63	For Cashier's Office Use Only

Payee Certification & Approval

I certify that these charges are accurate and are valid business expenses and that I am not claiming reimbursement from another source.

Traveler Signature: _____	Approved By: _____
Print Name: John A. Doe	Print Name: Laurie Emanuele
Title: Research Professor	Title: Administrative Officer
Date: _____	Date: _____

Received By: _____	Print Name: _____	Date: _____
Cashier's Initials: _____	Date: _____	ID Verified: _____
Amount Disbursed: _____		

See Instructions for Completing the Dartmouth College Business Expense Reimbursement Form on Back

Dartmouth College Business Expense Reimbursement Form

Detail Reimbursement Worksheet

Payee Name <i>John A. Doe</i>	Employee ID # / Student ID # 12345A	T Number JAD061708
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Date(s):	6/17/2008					
Travel From Location						
Travel To Location						

								Natural Class		
LODGING (Room costs only, itemize meals & other incidentals on appropriate lines below)								Totals	Domestic	Foreign
Total							\$ -	8143	8113	

MEALS, including tips ITEMIZED RECEIPTS ARE REQUIRED as stated on the back of this form									
Breakfast								\$ -	
Lunch								\$ -	
Dinner								\$ -	Domestic Foreign
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	8144 8114

ALCOHOL								Domestic	Foreign
Total							\$ -	8202	8202

ENTERTAINMENT (Additional details are required on Detail Transaction Worksheet)								Domestic	Foreign
Total							\$ -	8201	8201

NON-TRAVEL MEALS LOCAL (Additional details are required on Detail Transaction Worksheet)								Domestic	Foreign
Total	\$ 35.63						\$ 35.63	8151	8151

AIRFARE								Domestic	Foreign
Total							\$ -	8141	8111

LAND TRANSPORTATION									
Auto Rental								\$ -	
Gas								\$ -	
Tolls								\$ -	
Parking								\$ -	
Land Transportation								\$ -	Domestic Foreign
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	8142 8112

MILEAGE									
Number of Miles								0	
Mileage @ 50.5	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Domestic Foreign
Increase as of 1/1/08									
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	8145 8145

MISCELLANEOUS (Receipts must be attached regardless of the amount of the expense)								Domestic	Foreign
Telephone							\$ -	8042	8042
Internet							\$ -	8047	8047
Conference Reg Fees							\$ -	8161	8161
Gifts							\$ -	8424	8424
Flowers/Plants							\$ -	8423	8423
Immigration Fees							\$ -	8115	8115
Other							\$ -		
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		

Total Expenses	\$ 35.63	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 35.63	
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