



AZUSA PACIFIC UNIVERSITY

EXPENSE REIMBURSEMENT FORM (Please Type or Print)

Input only in shaded areas

Name:

Department:

Social Security #:

Extension:

Date	List place and business purpose of expenditures: <small>(meals and entertainment of others must include names on this form, or on receipt, or on separate sheet)</small>	Amount (Non Auto)	* Personal Auto Use Reimbursement		Account # to Charge
			Miles	x (\$0.365 / mile) = Amt	
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TOTALS		0.00		0.00	

Requires Original Signatures

* See instructions for reimbursement rate per mile.

Submitted By: _____ Date:

Supervisor's Approval _____ Date:

Bus. Office Approval _____ Date:

Total of all Expenses	0.00
Less Advances - Enter as positive amount	
Reimbursable Amount	0.00
Amount for Donation** (Check Box Below)	
Total Reimbursement or (Advance \$ To Be Returned)	0.00

- ** Donate to APU Scholarship Fund
- ** Donate to Restricted Account #:

Original Receipts Must Be Attached

