

PAYEE'S FULL NAME (FIRST, MIDDLE INITIAL, LAST)	SCHOOL/DEPARTMENT	ACCOUNT NUMBER	TELEPHONE NUMBER
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*Use this form to report all business expenses for which you are requesting reimbursement. This form is to be used for both employees and non-employees. Please visit this site [https://www.stevens.edu/sit/sites/default/files/TABER\\_FORM.pdf](https://www.stevens.edu/sit/sites/default/files/TABER_FORM.pdf) to insure you are using the most current version of the TABER. All expenses must conform to the University's Business and Travel Expense Policy. In addition, expenses funded by a grant or contract must comply with the applicable cost principles and regulations of the sponsor. The various government approved reimbursement rates.*

INCLUSIVE DATES OF TRAVEL	BUSINESS PURPOSE OF TRAVEL
DEPARTURE DATE:	
RETURN DATE:	

**TRANSPORTATION/LODGING/COMMUNICATIONS**

DATE	HOTEL	AIR/BUS/RAIL	TOLLS	CAR RENTAL	PARKING	CAR SERVICE/TAXI	TELEPHONE/FAX/INTERNET	MISC.	SUBTOTAL
1									
2									
3									
4									
5									
6									
SUBTOTAL									A

**MILEAGE**

DATE	STARTING LOCATION	DESTINATION	MILEAGE	RATE (SEE NOTES ON RATES)	TOTAL MILEAGE EXPENSE
7					
8					
9					
10					
SUBTOTAL					B

**Notes on Mileage Reimbursement Rates:**

The mileage reimbursement rate is dependent on three things:

1. Date of the travel
2. Purpose of the travel
3. Funding source of the reimbursing account

\*Please visit this link for the most current rates: <https://www.stevens.edu/sit/finance/mileage-rate>

**MEALS DURING TRAVEL AND OTHER BUSINESS EXPENSES** (Please refer to the Business and Travel Expense Policy; [https://www.stevens.edu/provost/sites/default/files/Business\\_and\\_Travel\\_Expense\\_Policy.pdf](https://www.stevens.edu/provost/sites/default/files/Business_and_Travel_Expense_Policy.pdf) Sections V, paragraphs C and D address meals and per diem specifically.)

**OTHER BUSINESS EXPENSES**

DATE	BREAKFAST	LUNCH	DINNER	ALCOHOLIC BEVERAGES	PER DIEM	SUBTOTAL	OTHER (DESCRIPTION)	RECEIPT (Y or N)	OTHER ((AMOUNT)
11									
12									
13									
14									
15									
16									
SUBTOTAL							C	SUBTOTAL (OTHER BUSINESS EXPENSES INCURRED DURING TRAVEL) <span style="float: right;">D</span>	

I certify that the expenses hereon are correct in all respects, that the amounts as charged have been actually paid by me for traveling expenses or by Stevens as advanced traveling expenses and that the distances specified have been actually and necessarily traveled by me on the stated dates.

\_\_\_\_\_  
EMPLOYEE'S NAME (PRINT)

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR'S NAME (PRINT)

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT HEAD'S NAME (PRINT)

\_\_\_\_\_  
DEPARTMENT HEAD'S SIGNATURE

\_\_\_\_\_  
DATE

TOTAL EXPENSES (A+B+C+D)	
LESS PCARD EXPENSES AND ADVANCES RECEIVED	
NET AMOUNT DUE TO TRAVELER	