



0 +												
!" # \$												
						% &						1 --+4 . / ^- , + /) 3 3 - / *
" (
												1 --+4 . / ^- , + /) 3 3 - / *
" (

) " & *

. . . .

/0 .+ --(+ - - 1 0 + +2

/+3 + . - . - .0 / - .4 +3)567(897: * 4 ; 4 , 1 + <=0 + < - >

/0 0.4 + - / .4 . = , +2

) +3 + 0+ .. 0- . ? : : @ 9 @ *

++ .4 + ++ -	
. / ^- , + /	
++ , - ,	
" " #	
"	

& " A

C . / 4 1 + - .. - . ; 4 4 "- , + / , . / > +

. / 4 4 <=0 + < - .4 + < ++ = 0- + + 0 - +

;4 . = - .4 + / + + D . + - - .0 .4 > C

(, B+ 0 , +

- 0

- 0 4 - - < DQG 7LWOH UHTXLUHG 4 -

- INSTRUCTIONS:
- 1. COMPLETE 2 COPIES OF STATEMENT OF TRAVEL EXPENSE FOR EACH TRIP
 - 2. ALL RECEIPTS INCLUDING PCARD/E-TICKET RECEIPTS MUST BE PROVIDED TO PROCESS TRAVEL EVENT
 - 3. ONE COPY OF FORM AND P CARD RECEIPTS MUST STAY IN DEPARTMENT
 - 4. FOR THIS TRAVELER@S.REIMBURSABLE EXPENSES, COMPLETE ON-LINE PAYMENT REQUEST FORM (PEOPLESFT)
 - ACCOUNTS PAYABLE: PAYMENT REQUEST: TYPE :TRAVEL REIMBURSEMENT
 - 5. PRINT COMPLETED PAYMENT REQUEST
 - 6. ENTER PAYMENT REQUEST NUMBER IN BOX ON STATEMENT OF TRAVEL EXPENSE
 - 7. ATTACH ORIGINAL RECEIPTS FOR REIMBURSEMENT TO OTHER COPY OF STATEMENT OF TRAVEL EXPENSE AND FORWARD WITH PAYMENT REQUEST FORM TO ACCOUNTS PAYABLE

E0+ - > 4