



## STATE OF DELAWARE Personal Expense Reimbursement

EMPLOYEE INFORMATION													
VENDOR ID#	INSTRUCTIONS						EMPLOYEE CERTIFICATION						
<b>EMPLOYEE NAME AND ADDRESS INFORMATION</b>	Reimbursement is limited to actual expenses incurred by STATE EMPLOYEES ONLY. A complete Personal Expense Reimbursement form and receipts are required for all items and/or expenses the employee incurred. If the form is submitted for travel reimbursement, the form must include a detailed description and reason for travel, documentation and receipts of incurred expenses and daily tabulation of mileage. <b>ALL EMPLOYEE FIELDS ON THIS FORM ARE REQUIRED.</b>						I do solemnly swear that the below mentioned expenses were incurred as a necessary expenditure in the conduct of state business and that the representations contained in this form are true and correct.						
							<b>EMPLOYEE SIGNATURE AND DATE</b> (Actual signatures are required. Stamped signatures are not accepted.)						
TRAVEL INFORMATION				TRANSPORTATION AND ACCOMMODATIONS				MEALS			MISCELLANEOUS EXPENSES		
TRAVEL DATES (SINGLE OR MULTIPLE)		TRAVEL DESTINATION		DESCRIPTION AND/OR REASON FOR TRAVEL	AUTO MILES	RAIL	TAXI	HOTEL	BREAKFAST	LUNCH	DINNER	EXPENSE DESCRIPTION	AMOUNT
LEAVE	RETURN	FROM	TO			PLANE	BUS	MOTEL					
<b>GRAND TOTAL MILEAGE</b>		@ \$0.40											

FISCAL OFFICE INFORMATION					
Business Unit	Voucher ID (system assigned)	Invoice ID	Invoice Date	Goods Received Date	Voucher Amount
STATE					

INV Line	Description					Extended Amount					Category Code	Ship To		
PO #	Line #	DIST #	Amount	Bud Ref	Fund	DEPT ID	Oper Unit	Appropriation	Account	Program	School Code	PC BU	Project	Activity