



## STATE OF DELAWARE Personal Expense Reimbursement

EMPLOYEE INFORMATION																				
VENDOR ID#	123456 (not your EMP ID)	INSTRUCTIONS					EMPLOYEE CERTIFICATION													
<b>EMPLOYEE NAME AND ADDRESS INFORMATION</b>	Jane Doe 1234 5 <sup>th</sup> St. Selbyville, DE 19975	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 <del>conduct of state business</del> and that the representations contained in this form are true and correct.													
							 EMPLOYEE SIGNATURE AND DATE													
(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								
09/28/24	11/01/24			American College of Education														ET 5023 Practices for Evaluating Tech Reasources 3 CREDITS		
11/09/24	12/13/24			American College of Education														ET 5023 Practices for Evaluating Tech Reasources 3 CREDITS		
EXAMPLE																				
<b>GRAND TOTAL MILEAGE</b>		0.00	@ \$0.50		\$0.00		0.00	\$0.00		\$0.00		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	

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	

  

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