

STATE OF DELAWARE

Personal Expense Reimbursement

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EMPLOYEE INFORMATION														
VENDOR ID#		INSTRUCTIONS					EMPLOYEE CERTIFICATION							
EMPLOYEE NAME AND ADDRESS INFORMATION		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. ALL EMPLOYEE FIELDS ON THIS FORM ARE REQUIRED.					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.							
							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) LEAVE RETURN		TRAVEL DESTINATION FROM TO		DESCRIPTION AND/OR REASON FOR TRAVEL		AUTO MILES	RAIL PLANE	TAXI BUS	HOTEL MOTEL	BREAKFAST	LUNCH	DINNER	EXPENSE DESCRIPTION	AMOUNT
GRAND TOTAL MILEAGE		0.00@ \$0.50 \$ 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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