

EMPLOYEE EXPENSE WORKSHEET

Complete this worksheet and submit with related receipts to the preparer for entry. Use for all employee travel and non-travel reimbursements. After entry and approval the Peoplesoft barcoded Expense Report, this worksheet with receipts attached, is sent to Imaging.

U Wide Form:
UM1612
Date: 2/20/06

| | |
|--|--|
| Employee ID | |
| Name | |
| Address | |
| City/State/Zip | |
| Frequent Flyer Miles Earned (Optional) | |
| Frequent Flyer Miles Used (Optional) | |

| | |
|--|-----------------|
| Expense Report Number | |
| Authorization ID Number | |
| Advance ID Number | |
| Travel Destination(s)/Purchase Location(s) | |
| Travel/Purchase Date(s) MM/DD/YY: | From: To: |
| Travel Times (AM/PM): | Depart: Return: |
| Foreign Conversion Rate | |

Detailed Expense Justification (Who, What, Where, Why & When): Attach additional sheet when necessary.

| Date MM/DD/YY | Detailed Description Use as many lines as necessary. | Transportation | | | Lodging | Meals Select BLD or Full \$ Amount | Hospitality/ Group Meals | Other | Totals \$ |
|------------------|---|----------------|-------|---------|---------|--|-----------------------------|-------|-----------|
| | | Miles | Rate | Mileage | | | | | |
| | | | 0.550 | - | | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch OR <input type="checkbox"/> Full Day <input type="checkbox"/> Dinner | | | \$ - |
| | | | 0.550 | - | | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch OR <input type="checkbox"/> Full Day <input type="checkbox"/> Dinner | | | \$ - |
| | | | 0.550 | - | | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch OR <input type="checkbox"/> Full Day <input type="checkbox"/> Dinner | | | \$ - |
| | | | 0.550 | - | | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch OR <input type="checkbox"/> Full Day <input type="checkbox"/> Dinner | | | \$ - |
| Totals: | | 0 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

My Signature Certifies:

- The listed expenses are legitimate.
- I have not been nor will I be reimbursed for these expenses by any other source(s).
- I have not earned frequent flyer points for personal use.
- Required receipts/documentation are attached.

Helpful Links:

- http://www.gsa.gov/Portal/gsa/ep/content/View.do?contentId=17943&contentType=GSA_BASIC
- http://www.gsa.gov/Portal/gsa/ep/content/View.do?programId=9704&channelId=15943&oid=16365&contentId=16177&pageType=8203&contentType=GSA_BASIC&progId=2&Fep%2Fprogram%2FgsaBasic.jsp&P=MTI

| | | |
|---------------------------------------|-------------------|---------------|
| Additional Page(s) Total: | | \$ - |
| Total Amount to be Reimbursed: | | \$ - |
| Prepaid Expenses | Document # | Amount |
| Airfare: | | |
| Conf. Registration: | | |
| Other: | | |
| Total | | \$ - |

| | | | | | | | | | | | | |
|--------------------------------------|------|--------|---------|------|---------|---|------------|---------|-----|-----|----|--------|
| Signature of Payee & Date | Fund | DeptID | Program | PCBU | Project | A | FIN EMPLID | Account | CF1 | CF2 | CS | Amount |
| Optional Authorized Signature & Date | | | | | | | | | | | | |

