

Clearing Form (Travel / Event)

Date:

This Section is to be completed by Payables:

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Attach all original itemized or detailed receipts (non pcard).

Complete with a clear purpose, attach a guest list if applicable. Alcohol and entertainment MUST be segregated.

Professional services to individuals can NOT be paid with this form. Those payments must be requested via an invoice/check request payable to the vendor and processed

Travel, Business Meeting and Entertainment expenses must be cleared within 30 calendar days after the conclusion of the trip/event.

Approvals required: The Principal Investigator (PI), or designee, if sponsored agreement funds are charged, AND the appropriate approver. The approver may never report to

the individual for whom the expense is incurred, nor may the approver attend the event. An approver may never approve his/her own expenses.					
I. Traveler / Vend	or Information:				
Name:		E or S #:	E or S #:		
Address:					
Prepared by:				Extension:	
II. Trip / Event Inf	formation:				
Date(s) of Travel ar	nd/or Event:				
Location (for travel,	indicate departure city and destination	city/country):			
Event Location (wh	en applicable):				
III. Detailed Busin	ness Purpose:				
III. Expenses:					
Mileage Reimbursen	nent for Use of Personal Vehicle (The cur	rent mileage rate is availab	le on the Payment Sol	utions website).	
#	of Miles	Rate per mile =	\$		
Per Diem (The link to	the GSA rate is available on the Paymen	t Solutions website).	1		
	of Days	Rate per day=	\$		
Notes: 1) Attach deta supporting documer	ailed receipts or a Missing Receipt Affidat ntation.	/it. 2) Food/alcohol/gratuitio	es must be itemized. 3) Attach attendees/affilia	tion list and/or other
Date:	Vendor:	Desc	Description:		
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
Totals:				\$	

IV. Summary:							
Amount (Returned	by) or Reimbursed to Vendor:						
Total of Reimbursable Expenses		\$					
Less: (Advances Received) CQX #		\$					
Amount (Returned b	by) or Reimbursed to Vendor	\$					
V. Coding: (for in	ternational travel use 72350) (for dom	estic travel use 72360)					
Fund/Org/Acct:	/	/ \$					
Fund/Org/Acct:	/	/ \$					
Fund/Org/Acct:	/	/ \$					
Fund/Org/Acct:	/	/ \$					
Fund/Org/Acct:	1	/ \$					
Grand Total		\$					
VI. Signatures:							
	 This is a true and accurate accounting of expenses incurred to accomplish official business for the University and there are no expenses claimed as reimbursable which relate to personal or unallowable expenses. All required receipt images have been attached to this report. I have not received, nor will I receive, reimbursement from any other source(s) for the expenses claimed. In the event of overpayment or if payment is received from another source for any portion of the expenses claimed I assume responsibility for repaying the University in full for those expenses. If applicable, any entertainment or alcohol-related expenses have been separately identified. If applicable, for charges to research funds - RXXXXX, I certify that the claimed expenses comply with the conditions of the grant or contract, and I approve the identified expenses on the expense report to be charged to the research contract or grant for which I am the principal investigator. 						
	Requestor:	Approved by:	Principal Investigator (if Grant or Contract)				
	Typed or Printed Name	Typed or Printed Name	Typed or Printed Name				
	Signature and Date	Signature and Date	Signature and Date				
Comments: Use t	this section to document additional inform	nation					