

UNIVERSITY of ROCHESTER

EMPLOYEE EXPENSE REPORT

CASHIER'S USE ONLY	
Cash paid out _____	<input type="checkbox"/> Other than employee
Print name _____	_____
Signature _____	_____
EMPLID _____	_____
Cashier's initials _____	Date _____

PRINT NAME OF EMPLOYEE (a) _____ EMPLID (b) _____ DEPARTMENT _____

PHONE NUMBER CONTACT FOR QUESTIONS (c) _____

DIRECT DEPOSIT Deposit will be made to your T&E Direct Deposit Account (see instructions for additional info) or, if none is set up, to your Payroll Direct Deposit account(s). If you do not have any direct deposit arrangements established in HRMS, a check will be mailed to your home.

CHECK _____

(c) ADDRESS to RETURN DOCUMENTATION IF NEEDED (BOX #) _____

Date (d)	(e) Destination/Location (From-to; if auto, mileage)	Transportation (f) (Advance Travel Tickets in top row)*	Lodging (g)	Meals (h) (Break down)		Other (i)		Totals
				B	L	Descriptions	Amount	
				B				\$ -
				L				\$ -
				D				\$ -
				B				\$ -
				L				\$ -
				D				\$ -
				B				\$ -
				L				\$ -
				D				\$ -
				B				\$ -
				L				\$ -
				D				\$ -
		\$ -	\$ -	\$ -		\$ -		\$ -

ATTACH ORIGINAL RECEIPTS AND OTHER DOCUMENTATION FOR ALL EXPENSES

(j) Description (20 Characters Max): _____

Account(s) to be charged: (l)

	Company	Spend Category	FAO		
CM	<input type="text"/>	SC <input type="text"/>	<input type="text"/>	\$	-
CM	<input type="text"/>	SC <input type="text"/>	<input type="text"/>	\$	-
CM	<input type="text"/>	SC <input type="text"/>	<input type="text"/>	\$	-
CM	<input type="text"/>	SC <input type="text"/>	<input type="text"/>	\$	-
TOTAL EXPENSE (detailed above)				\$	-
LESS TOTAL ADVANCES (m): SC62040 OP010145				\$	-
BALANCE DUE FROM UNIVERSITY (n)				\$	-

Business Purpose/Explanation (k):
Provide details for names of individuals seen, affiliations, what, where, when and why.

Each signer certifies, to the best of their knowledge, that (a) the above expenditure is a valid University business expense, allowable to the accounts charged, fair, reasonable, and in the best interests of the University, (b) no conflict of interest exist per the University's policies with respect to this expenditure, and (c) a written contract for expenditures exists for expenditures more than \$25,000.

Employee (print)	Employee Title	Phone	Employee Signature	Date
Approver (print)	Approver Title	Phone	Approver Signature	Date
2nd Approver (print)	2nd Approver Title	Phone	2nd Approver Signature	Date

Travel Policy and procedures: <http://www.rochester.edu/adminfinance/finance/trvpolicy.htm> Finance Use: _____

F-3 EMPLOYEE EXPENSE REPORT

Instructions

Include all information as requested:

- a) Name, Department, and phone number of employee being reimbursed
- b) (EMPLID) Employee Identification number
- Direct Deposit box - check/x this box for direct deposit of the reimbursement
Direct deposit arrangements specific for reimbursements can be established in HRMS: *Self Service / Travel and Expense / T & E Direct Deposit Account*
- Check - check/x this box for a paper check reimbursement
- c) Address - UR internal address to be used if forms/documentation need to be returned to the department.
Phone number for AP to call if there are questions about the form/documentation
- d) Dates of expense incurred
- e) Destination/Location of where expense incurred
- f) Transportation - Air, Rail, Mileage, etc.: the top of the 3 rows should only be used for F2 advance amounts
- g) Lodging - deduct movies, gift shop purchases
- h) Meals - Show breakdown of meals (receipts required for meals > \$25)
- i) Other business expenses - explain type such as taxi, registration, etc.
- j) Description to be used in HRMS and first 7 digits to appear in ledger Ref #1 field.
- k) Business Purpose/Explanation - Detailed explanation of expenses and business purposes should be provided for all expenses. Please attach additional pages with business purpose explanations if more space is needed.
- l) Account(s) must be provided for payment.
- m) Advances are to be deducted from total expenses. (i.e., advance airline tickets)
- n) Balance due indicates the amount of payment to be reimbursed to employee.
- o) Employee signature is required.
- p) Countersignature of supervisor, department chairperson or senior administrator.
- q) 3rd signature not always required.
Dean or VP signature required for approval of parties or unusual expenses.

- * Expense report should be completed within **fifteen days** of return from trip.
- * Expense reports which include advances must be cleared or they will be added to employee's income via W-2.
- * Expense reports requesting less than \$300 reimbursement that **DO NOT include** travel advances may be submitted to the RC Bursar's Office, ESM Business Office (\$50 limit), or SMH cashier's office for payment.
- * Expenses for each trip should all be included on one expense report. Reports for out-of-town, overnight travel will be delayed if transportation or lodging expenses are not included.

Forward to: **Accounts Payable**
 RC Box 278958

Brooks Landing Business Center
910 Genesee Street, Suite 200
Rochester, NY 14611