

ECBYTES / EMPLOYEE EXPENSE REIMBURSEMENT FORM

Name:		Dept. Name:		Encumbrance #		Ecbytes Use Only				
Business Vendor Number:		Dept. Contact:		Final Payment?		Banner Document #				
Remittance Address (insert on lines below):		Phone:		Transportation purchased with P-Card:		Address Sequence:				
		Method of Transportation:		Amount:		Address Code:				
		is lodging conference hotel?		P-Card Transaction # :		Check Print Location:				
		is exception included in total?		Travel Advance Amount		Headquarters:				
Date	Departed From/ Arrived At	Time	# of Auto Miles @ \$ 0.36	Transportation			Lodging	Meals or Per Diem	Misc. Expense	Daily Totals
				Auto Reimburse- ment	Air, Rail, Etc.	Car Rental				
			Auto Calculate	Amount in U.S. \$	Amount in U.S. \$	Amount in U.S. \$	Amount in U.S. \$	Amount in U.S. \$	Amount in U.S. \$	Auto Calculate
									Desc:	\$ -
									Desc:	\$ -
									Desc:	\$ -
									Desc:	\$ -
									Desc:	\$ -
									Desc:	\$ -
									Desc:	\$ -
									Desc:	\$ -
Total Travel Expense:			\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Destination and Purpose of Trip: _____										
Total Miscellaneous Expenses										
TOTAL TRAVEL & MISC. EXPENSE										
Less Travel Advance Doc. #										
Total Due To/(Owed by) Employee										
\$ -										
\$ -										
\$ -										

Employee Miscellaneous Expense Reimbursement		
Date	Description	Amount
TOTAL		\$ -

Employee Signature: _____	Date: _____	Instructions:
	Approval: _____	1. Attach original paid receipts for all hotels, registrations, and miscellaneous reimbursable items.
	Ecbytes Inc	2. Attach customer copy of Air, Rail, or Train tickets