

Travel Advance/Expense Request Form

Use the Excel version of this form on Shared Drive when submitting.



BAU
Bay Atlantic
University

Employee ID:		Name:			
Title:		Department:			
Destination:		Departure:		Return:	
Travel Purpose:		Total Day:		Total Request:	

Description	Expense Category	Budget (\$)	Request (\$)	#	Units	Total (\$)
Total						\$

Notes:

Signature of Employee: _____

Date: _____

Name of the Supervisor: _____

Signature of the Supervisor: _____

Date: _____

CFO (If Budgeted)/President (If not Budgeted):

Date: _____

Reimbursement Request Form

Use the Excel version of this form on Shared Drive when submitting.



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Bay Atlantic
University

Employee ID:		Name:	
Title:		Budgetary Department:	

Type of Expense	Description	Expense Category	Payment Method	Total
Total				\$

Notes:

Attach any evidence that shows prior approval for the expense (e.g. memo, email correspondence), invoice, proof of payment (e.g. credit card slip, receipt, wire receipt) and submit to the supervisor for reimbursement approval.

Signature of Employee: _____

Date: _____

Name of the Supervisor: _____

Signature of the Supervisor: _____

Date: _____

CFO (If Budgeted)/President (If not Budgeted):

Date: _____

Missing/Inadequate Documentation Report



Use this form when you are requesting reimbursement from the University for expenses that are not supported by original receipts or other documentation deemed appropriate by the policy of the University.

This form is **not** required for miscellaneous expenses under \$50. When expenses are for meals, however, receipts are required even when the amount is under \$50. Use this form when requesting reimbursement for meals with missing or inadequate documentation, even when amount is under \$50.

Attach completed form to your Reimbursement Request Form, along with other documentation you are providing in lieu of original receipts/other appropriate documentation.

For guidance on reimbursement of expenses, refer to the Employee Allowable Expenses and Expense Reimbursement Policy of the University.

Name:	School/Department:	Date:
Documentation Missing (Check one only. Use one form for each expense with missing or inadequate documentation.)		
<input type="checkbox"/> Airline/Rail Ticket	<input type="checkbox"/> Ground Transportation	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Business Meals (Travel)	<input type="checkbox"/> Parking, Toll, Etc.	_____
<input type="checkbox"/> Business Meals (Non-Travel)	<input type="checkbox"/> Car Rental Agreement	_____
Supporting Documentation Provided In lieu of Missing Receipt or Appropriate Documentation:		

STATEMENT:

I, the Payee, certify that the original receipt/s for the expense/s reported on the Expense Reimbursement Form was/were lost and a copy could not be obtained from the vendor. I certify that these expenses for which I am seeking reimbursement from BAU will not be submitted for reimbursement to any other organization or agency. I also certify that the expenses do not include federal "unallowable costs" except as noted.

Payee Signature