



Expense Reimbursement Form

For the reimbursement of expenses pertaining to travel and business relating to Loyola University Chicago

Preparing people to lead extraordinary lives

Name: _____

ProCard Holder? YES ☐ NO ☐

Home Address:

Telephone/Extension:

City: _____ State: _____ Zip: _____

Employee ID or UVID:

Travel and Business

[illegible]

Sub-Total

Entertainment

[illegible]

* IRS Business [Mileage Reimbursement Rates](#) will auto-calculate based on the date of travel. If requesting reimbursement for moving mileage expenses please use the miscellaneous section as it is a different rate and may be taxable to the employee.

Sub-Total

Name: _____

Home Address: _____

Telephone/Extension: _____

City: _____ State: _____ Zip: _____

Employee ID or UVID: _____

Certification of Expenses: I certify this expense report is a true and accurate accounting of expenses incurred on authorized University or grant approved business. In addition, they are fair charges against Loyola University Chicago and for all expenses chargeable to Federal or State grants, this request excludes alcohol. Amounts not approved or considered excessive by the University are authorized to be deducted.

Total Expense	
Advance	

Total Reimbursement due to/from:	
----------------------------------	--

Reimbursement due to Employee:	
--------------------------------	--

Select a Re-payment Method	
----------------------------	--

Balance due to Loyola University:	
-----------------------------------	--

Select a Re-payment Method	
----------------------------	--

☐ I certify that expenses paid via a University ProCard are NOT included on this reimbursement request

Business Reason for Expense / Comments

Accounting Unit	Account	Activity	Account Category	Total Distribution
Total Distribution				

Approvals

	Name	Date
Requestor Name (print)		
Requestor Name (signature)		
Budget Administrator (print)	Ext:	
Budget Administrator (signature)		
Supervisor/Secondary Approver (print)	Ext:	
Supervisor/Secondary Approver (signature)		
Finance Use Only		

Please return all completed forms including all supporting documentation to: [Accounts Payable Department](#)
Lewis Towers, Room 602, Water Tower Campus.
Please contact Accounts Payable at extension 5-8760 with any questions.