

Travel or Non-Travel Expense Cover Sheet

Travel Type

Travel Non-Travel

Employee Type

Employee Non-Employee

Expense Details

Expense Report ID _____

Cost/Center Project _____ Amt _____

Date of Travel _____

Acknowledgement

▶ *I certify that the expenses are true, correct and have not been submitted for reimbursement or payment on any other form or claim. I acknowledge this expense is subject to post payment review.*

▶ *In the event I am overpaid, I will refund the overpayment to the University.*

Traveler/Payee Signature _____ Date _____

Printed Traveler/Payee Name _____