

TRAVEL/NON-TRAVEL EXPENSE COVER SHEETPlease check one: Travel Non-TravelPlease check one: Employee Non-Employee

Expense Report ID: _____ Cost Center/Project: _____ Amt: _____

Dates of Travel: _____

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: _____