ST NORBERT COLLEGE, INC.
TRAVEL AND EXPENSE REIMBURSEMENT / ADVANCE RECONCILIATION

NAME: _____
CAMPUS ID# _____

SNC employees will be reimbursed via direct deposit..

Employee_____ Student_____Other_____

Business purpose for expenses or advance: _____

Is this to reconcile a prior ADVANCE_____

	SUN	MON	TUES	WEDS	THURS	FRI	SAT	TOTAL
Date>>>								
City for lodging>>>								
Lodging								
Breakfast								
Lunch								
Dinner								
Registration/fees								
Airfare								
Car Rental/gas								
Taxi								
Tolls/Parking								
Telephone/Internet								
Other (Explain on receipt)								
Other (Explain on receipt)								
Expenses>>>								

MILEAGE FOR PERSONAL CAR USAGE

Mileage reimbursement rate is $.555 as of 1/1/2012

Date From /To	Miles	Rate	Subtotal
Total Mileage>>>			

Subtotal Expenses
Mileage for Personal Car
Total Expenses
Cash advances received

Due employee
Due SNC (attach cash receipt)

Employee Signature Date

Supervisory Approval Date

I hereby certify that all items represent actual, necessary and reasonable expenses incurred in performance of official duties in compliance with College policies.

Accounting Information

Fund	Organization	Account	Amount
		Total Expenses	

ATTACH ALL RECEIPTS