Tufts UNIVERSITY Business Expense Reimbursement Form

Payee Name _____ **Preparer Telephone** _____ **Date Prepared** _____

Dept Name _____ **Prepared By** _____

Address* _____ *Campus address should be used for employees **Status** Employee _____ Send Check to:

City, St, Zip _____ Student _____ _____

Employee ID** _____ **7 digit field required for employees Other (list at right) _____

MEAL EXPENSES

Date	Business Purpose of Meal	Where held (restaurant, etc)	List Attendees	Amount
			MEAL EXPENSES TOTAL	$ -

OTHER BUSINESS EXPENSES

Date	Type of Expense	Business Purpose	Amount
		OTHER TOTAL	$ -

LOCAL AUTO MILEAGE & PARKING & TOLLS

Date	From	To	Total Miles	.485/Mile	Parking & Tolls	Business Purpose	Amount
				$ -			
				$ -			
				$ -			
					LOCAL TRAVEL TOTAL		$ -

APPROVALS

Refer to the online Business Expense policy at:
http://finance.tufts.edu/acctpay/poli_bizexpenpolicy.php#05

Employee/Payee: _____ Date _____

Supervisor (print name) _____

Supervisor Signature: _____ Date _____

Dept Chair/Dean/VP: _____ Date _____

BFO/Asst Dean: _____ Date _____

SPA (grants): _____ Date _____

TOTAL BUSINESS EXPENSE REIMBURSEMENT $ -

Account	DeptID	Project/Grant (if required)	Amount
			$

Return completed form with proper approvals & original receipts to: Accounts Payable, TAB, Medford Campus