



EMPLOYEE EXPENSE REIMBURSEMENT SUMMARY

Name: _____ Dept: _____

Invoice Number: **REIM** _____ (date range of receipts)

Instructions: Fill in totals by category. Group receipts by corresponding category number. Adhere small receipts to one or more pages facing the same direction. Scan the summary sheet, all receipt pages, and mileage form into one file for attachment to your payment request in E-procurement. Non-reimbursable items such as NYS sales tax and alcoholic beverages are to be excluded from totals

1) Transportation Fare (plane, train, bus) \$ _____

2) Transportation Miscellaneous
(tolls, taxi, ride share, subway, gas for rental vehicles) \$ _____

3) Hotel/Lodging \$ _____

4) Meals (itemized receipts with tips included) \$ _____

5) Mileage for personal auto use (attach mileage form) \$ _____

6) Supplies \$ _____

7) Misc. Other _____ \$ _____

TOTAL \$ _____

Comments:
