



# Samford University

Accounting and Financial Services

## Expense Report Worksheet

Name:				Payment Type:		Payee Type/Grant Related:	
				Direct Deposit		Faculty/Staff	Other
SUID:		Date Range:		Check		Student	Grant Related (not faculty development)
Remittance Address:							
Business Purpose:							
2025 IRS Mileage Rate - \$0.70/mile # of miles driven							
Index	Fund	Org	Account	Account Description	Program	Activity	Amount
			710200	Auto Fuel			
			710600	Professional Dues & Memberships			
			710640	Employee Continuing Education			
			710700	Business Meals ( <b>Attendees required</b> )			
			710720	Catering - Outside Vendors			
			711605	Office Supplies			
			711800	Air Travel			
			711805	Lodging			
			711810	Travel Meals ( <b>Attendees required</b> )			
			711815	Mileage			
			711820	Parking Charges			
			711825	Conference Registration			
			711830	Taxicab/Uber			
			711845	Vehicle Rental			

All Signatures and Dates are Required

Total Expenses:

Reimbursee/Traveler Signature:

Date:

Supervisor Signature:

Date:

Supervisor Name:

Administrative Name:

Meal Attendees (Only those that effect reimbursement)/Notes: