

STEP Office Travel Expense Reimbursement Form



Course Number and Semester:					
Full Name of Submitter:					
Address:					
City, State Zip Code:					
List Name of Students Being Supervised (attach add'l sheets, if needed)	Name and Address Destination School	Total Roundtrip Mileage*	Total Tolls^	Total Parking^	
1					
2					
3					
4					
5					
Enter Totals Here (if Completing Manually)					
Employee Signature:					
Official Position:					
Chair/Supervisor Approval:					
Do Not Write Below this Line:					
Total Amount to Reimburse	Account:	DeptID:	Program:	Bdgt Pd:	Class:
Car Insurance Verified:					

Course Number and Semester:				
Name:				
Address:				
City, State Zip Code:				
List Name of Students Being Supervised				
Date of Travel	Destination School Name and Address	Total Roundtrip Mileage*	Total Tolls	Total Parking
Enter Totals Here	*Mileage 2018 IRS rate= \$.58/mile			
Employee Signature:				
Official Position:				
Chair/Supervisor Approval:				

