

Antioch University

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February 2015

### 3.469:02 Common Expense Reimbursement Form

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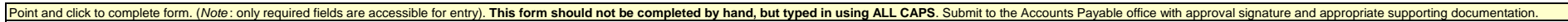
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## Form 3.469:02



Campus:				Department:								
Name:				Mailing Address:								
Employee #:				Travel To:				Travel Dates:				
Purpose:				Addn'l Info:								
Date	Expenditure (For meals, please list purpose, attendees, etc. on this form or on the receipt)	Account #	Miles	Mileage Reimbursement (\$ .575 as of 1/1/15)	Flight	Lodging	Rental	Parking	Meals	Tolls, Etc	Other	TOTAL
				-								\$ -
				-								\$ -
				-								\$ -
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				-								\$ -
Total				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
If more space is needed, attached a second sheet.												
TOTAL REIMBURSEMENT OWED												\$ -

By signing below, I certify that the above expenses were for Antioch business as listed and request reimbursement.

Signature: \_\_\_\_\_

Employee \_\_\_\_\_ Date \_\_\_\_\_

Approval: \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Secondary approval if required by campus policy	Date
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**NOTE:** Must be submitted within 60 days of the date the expenses were incurred. Attach original **itemized** receipts.