



Name: Banner UID#: U Department: CEPR Phone:

PO No.: Blanket? No Index No./Acct. Code: 221500 Period From: to

Remittance Address: Enter address you want your check mailed to if no direct Check Delivery: ☐ Direct Deposit ☐ Home ☐ Campus

A. EXPENSES PAID DIRECTLY BY THE CLAIMANT

TRANSPORTATION

OTHER EXPENSES

DATE	PLACE LEFT	PLACE ARRIVED	MILES	MILEAGE AMOUNT	AIRFARE	LODGING	MEALS & INCIDENTALS	EXPLANATION	AMOUNT
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TOTAL A

COMMENTS

B. EXPENSES PAID BY THE UNIVERSITY

AIRFARE
CONFERENCE
HOTEL/RENTAL
CAR
OTHER

TOTAL B:

I certify this claims is true and all expenses were incurred on approved University business.

Claimant's Signature

Date

Fin Manager/Designee's Signature (1st Index)

Date

Fin Manager/Designee's Signature (2nd Index)

Date

Fin Manager/Designee's Signature (3rd Index)

Date

If Balance Due Claimant is more than the original PO amount do one of the following:

If authorizing payment of funds in excess of PO amount sign here: _____

If NOT authorizing payment of amount over PO initial here: _____

Claim Prepared By Email/Ext

FOR SHARED SERVICES CENTER & ACCOUNTING USE ONLY:

Audited by: _____ **Date:** _____ **Payment Processed By:** _____

[Last Updated: 10/26/24](#)

***TRAVEL
PURCHASE
ORDER
AMOUNT**

**TOTAL
EXPENSE**
(Sum of A+
**LESS PREPAID
BY U of M**
(Subtract B)
**LESS TRAVEL
ADVANCE
RECEIVED
PAYMENT
DUE U of M
BALANCE DUE
CLAIMANT**