

Name (Full Name)
Session/Location
Dates (MO/DAY/YR)
Position Held:
Address Check Mailed to:

DIRECTIONS
<p>MEALS: Teachers - For the meals section, just check the boxes indicating Breakfast, Lunch, or Dinner. We will fill in the total per diem amount. You do not need to attach food receipts. Session Directors - Where a meal is not provided, you will need to check the boxes indicating Breakfast, Lunch, or Dinner.</p>
<p>MILEAGE: Please include the miles each way, and not just the roundtrip.</p>
<p>JP Morgan Charges: Your JP Morgan Card should be used for Hotels, Rental Cars, Gas, Airport parking, Driving fees, etc. Do not use this card for food or supplies!</p>
<p>OTHER: Any reimbursements besides meals and mileage will only be reimbursed if approved by an administrator.</p>

For Office Use Only:
Account #
Net ID:
Date Submitted:
Total Personal Reimbursement: \$
Total JP Morgan charges: \$
<input type="checkbox"/> Department Administrator has reviewed receipts

CES Youth Programs Reimbursement & Expense Form

Please submit this form immediately after returning from travel.

Mail to: Reimbursements, 164 HCEB, Provo, UT 84602

Reimbursements			
DAY	DATE	Meals	Mileage
Saturday		B	Miles:
		L	x .55/mile
		D	Total:
Sunday		B	Miles:
		L	x .55/mile
		D	Total:
Monday		B	Miles:
		L	x .55/mile
		D	Total:
Tuesday		B	Miles:
		L	x .55/mile
		D	Total:
Wednesday		B	Miles:
		L	x .55/mile
		D	Total:
Thursday		B	Miles:
		L	x .55/mile
		D	Total:
Friday		B	Miles:
		L	x .55/mile
		D	Total:
Saturday		B	Miles:
		L	x .55/mile
		D	Total:
Total mileage:			\$

Other Reimbursements			
RECEIPTS MUST BE ATTACHED!			
DATE	Reason	Location	Amount
			\$
			\$
			\$
			\$
			\$
Total Other:			\$

Charges: JP Morgan Purchasing Card			
RECEIPTS MUST BE ATTACHED!			
DATE	Expense Category	Location	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total JP Morgan Charges:			\$

Faculty Signature
CES Department Signature
Dept. Originator