

Travel Justification (5 W's)

EMPLOYEE EXPENSE WORKSHEET

WHO
Employee name on the Expense Worksheet satisfies this requirement

REQUIRED					
Empl ID		Name		Email	
Address				City/State/Zip	
Travel Destination(s)/ Purchase Location(s)					
Travel Times (AM/PM):		Depart:		Return:	
Travel/Purchase Date(s) MM/DD/YY:		From:		To:	

WHERE
The location listed satisfies this requirement.

***REQUIRED* - Detailed Expense Justification (Who, What, Where, Why & When): Attach additional sheet when necessary.**

WHEN
The Expense dates for the entire trip satisfies this requirement

Date MM/DD/YY	Description/Business Justification Use as many lines as necessary.	✓ if Required Receipt is Missing	Transportation				Lodging Rm & Tax	Meal Per Diem		Hospitality/ Grp Meals	Other	Totals \$
			Miles	Rate*	Mileage	Taxi, etc.		Airfare	(Includes incidentals)			
			0.535					B L D	Partial Day (first/last day) Full Day			
			0.535					B L D	Partial Day (first/last day) Full Day			
			0.535					B L D	Partial Day (first/last day) Full Day			

WHEN
The Expense date for each expense satisfies this requirement

WHAT
Document the items(s) being reimbursed. Business purpose should be listed in the justification section

WHY
Explain why travel or reimbursement was necessary and how it benefits/relates to the chartfield string or project charged.

Required when applicable - RELATED EXPENSES PREVIOUSLY PAID BY THE UNIVERSITY						
Paid by:	PCard	Voucher	Reimbursed	Document #	Date Paid	Amount
Airfare:						
Conf. Registration:						
Hotel:						
Other:						

Previously Reimbursed Expenses
Please document previously reimbursed expenses related to this travel and how it was reimbursed.

My Signature Certifies:

- I have paid the amounts claimed and am entitled to reimbursement according to policy.
- The listed expenses are legitimate and allowable business expenses.
- I am not requesting reimbursement for expenses charged to the Procurement Card or other sources.

Helpful Links :

- <http://travel.umn.edu/>
- <http://www.osa.gov/hortail/category/21287>
- https://aoprals.state.gov/web920/per_diem.asp
- <http://www.policy.umn.edu/Policies/Finance/Travel/TRAVEL.html>
- <http://www.oanda.com/currency/converter/>

TOTAL
Signature of Payee & Date (required) see UM1612i in the Forms Library
Authorized Signature & Date (required) see UM1612i in the Forms Library

*2016 Mileage Rate: \$0.54
*2017 Mileage Rate: \$0.535

Required												
Fund	DeptID	Program	PCBU	Project	A	Account	FIN EmplID	ChartField 1	ChartField 2	CS	Amount	

Where to Charge Expenses
This is where you should include the complete chartfield string that the expenses should be charged to.

TOTAL