



## STATE OF DELAWARE Personal Expense Reimbursement

**\*Required**

| Business Unit                        | Voucher ID (system assigned) | *Invoice ID  | *Invoice Date  | *Goods Received Date    | *Voucher Amount   |  |
|--------------------------------------|------------------------------|--------------|--|-------------------------|---|--|
| STATE                                |                              |              |  |                         | \$  |  |
| *Vendor ID#                          |                              | INSTRUCTIONS |  | *EMPLOYEE CERTIFICATION |   |  |
| E<br>M<br>P<br>L<br>O<br>Y<br>E<br>E |                              |              | Reimbursement is limited to actual expenses incurred by STATE EMPLOYEES OR OFFICERS ONLY. Receipts are required for common carrier fares, lodging accommodations and for all items which would have required a vendor's bill had the transaction been directly between the agency and the vendor, reason for trip, document entertainment other than self, list destination, and/or daily tabulation of mileage. |                         | I do solemnly swear that the below mentioned expenses were incurred as a necessary expenditure in the conduct of state business and that the representations contained in this form are true and correct. |  |
|                                      |                              |              |  |                         | *Employee Signature/Date<br>(No stamped signatures)   |  |

| *DATE              | *FROM        | *TO | AND RETURN | # AUTO MILES | R.R   | TAXI | BREAKFAST | LUNCH | DINNER | HOTEL | MISCELLANEOUS |        |
|--------------------|--------------|-----|------------|--------------|-------|------|-----------|-------|--------|-------|---------------|--------|
|                    |              |     |            |              | PLANE | BUS  |           |       |        | MOTEL | DESCRIPTION   | AMOUNT |
|                    |              |     |            |              |       |      |           |       |        |       |               |        |
|                    |              |     |            |              |       |      |           |       |        |       |               |        |
|                    |              |     |            |              |       |      |           |       |        |       |               |        |
|                    |              |     |            |              |       |      |           |       |        |       |               |        |
|                    |              |     |            |              |       |      |           |       |        |       |               |        |
|                    |              |     |            |              |       |      |           |       |        |       |               |        |
| <b>Grand Total</b> | MILES @ .40¢ |     |            |              | \$    | \$   | \$        | \$    | \$     | \$    | //////        | \$     |

| FISCAL OFFICE USE ONLY |             |        |        |         |      |        |           |               |         |         |                |       |          |          |
|------------------------|-------------|--------|--------|---------|------|--------|-----------|---------------|---------|---------|----------------|-------|----------|----------|
| Inv Line               | Description |        |        |         |      |        |           | *Extended Amt |         |         | *Category Code |       | *Ship To |          |
| PO #                   | Line #      | Dist # | Amount | Bud Ref | Fund | DeptID | Oper Unit | Approp        | Account | Program | School Code    | PC BU | Project  | Activity |
|                        |             |        | \$     |         |      |        |           |               |         |         |                |       |          |          |
|                        |             |        | \$     |         |      |        |           |               |         |         |                |       |          |          |
| Inv Line               | Description |        |        |         |      |        |           | *Extended Amt |         |         | *Category Code |       | *Ship To |          |
| PO #                   | Line #      | Dist # | Amount | Bud Ref | Fund | DeptID | Oper Unit | Approp        | Account | Program | School Code    | PC BU | Project  | Activity |
|                        |             |        | \$     |         |      |        |           |               |         |         |                |       |          |          |
|                        |             |        | \$     |         |      |        |           |               |         |         |                |       |          |          |
| Inv Line               | Description |        |        |         |      |        |           | *Extended Amt |         |         | *Category Code |       | *Ship To |          |
| PO #                   | Line #      | Dist # | Amount | Bud Ref | Fund | DeptID | Oper Unit | Approp        | Account | Program | School Code    | PC BU | Project  | Activity |
|                        |             |        | \$     |         |      |        |           |               |         |         |                |       |          |          |
|                        |             |        | \$     |         |      |        |           |               |         |         |                |       |          |          |