

**\*Complete the circled fields only**



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	
EMPLOYEE	Your Name Your Address			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.	
			Your Signature		*Employee Signature/Date
					(No stamped signatures)

DATE	*FROM	TO	AND RETURN	# AUTO MILES	R.R. PLANE	TAXI BUS	BREAKFAST	LUNCH	DINNER	HOTEL MOTEL	MISCELLANEOUS	
											DESCRIPTION	AMOUNT
8/28/17-10/16/17		HRM Training and Development									Tuition-Wilmington University	1089.00
											Registration Fee	35.00
<b>Grand Total</b>					\$	\$	\$	\$	\$	\$		\$ 1124.00

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	
			\$												
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			\$												
			\$												