

Stipend Expense Report

Purpose of trip _____

Name of Traveler _____

Destination city/state _____

Mail check to _____

Departure city/state AM PM

Address _____

Departure date Time Return Date Time

City, State, Zip/Postal Code _____

Signature _____

Record only items to be reimbursed.

Date →										
Registration										
Continuing Education Class										
Hotel room										
Other										
Local transportation										
Parking & highway tolls										
Miscellaneous <i>Explain unusual items below.</i>										
Transportation <i>Attach original copy of ticket(s).</i>	<input type="radio"/> Air (coach rate)	<input type="radio"/> Bus	<input type="radio"/> Rail	<input type="radio"/> Auto _____ miles @ \$0.585 / mile _____						
PSS USE ONLY:									Total expense for reimbursement:	

Approved by: _____ Date: _____

Mail or scan and email completed form with receipts to:
 Janna Lawrence, PSS Secretary/Treasurer
 319-335-9870
janna-lawrence@uiowa.edu