

Visitor's Expense Report

An electronic VER is available, see the Online Voucher in the NUPortal

Northwestern

Department: ATHLETICS

Dept Code: ATH

Request Date: 05/23/18

Dept. Contact: Willie Catz

Phone: 7-1234

Email: williecatz@northwestern.edu

Request #:



Voucher #:

Visitor

Vendor Code:

VISITOR: Please Complete this Section

Original receipts must be submitted for all claimed expenses

Visitor Name: Benny O'Hare

Address: 1234 Sheridan Rd.

City, State ZIP: Evanston, IL 60208

Phone: 847-123-4567

Date(s) of Travel or Expense From: 5/10/18 To: 05/13/18

Business Purpose:

Travel to/from Big 10 SB tourney for photography services

Expense Item	Description, Documentation Requirements	Explanation of Expense		Amount
Air	Coach rate; attach original passenger receipt			
Rail	Attach original passenger receipt			
Ground Transportation	Taxi, etc., attach original receipts and include tip			
Automobile	Enter Mileage incurred on or before 12/31/2017: Enter Mileage incurred on or after 1/1/2018: 293.00	@ 0.535 per mile: 0.00 @ 0.545 per mile: 159.69	Parking Total: Tolls Total:	\$ 159.69
Other Transport	Rental car, etc.			
Hotel Room & Tax	Attach original hotel voucher			
Meals	Attach original receipts, dinners may not exceed \$65 per night, incl. tax and tip			80.00
Incidentals	Attach original receipts, gratuities & other misc. items			
Non-travel Expense #1				
Non-travel Expense #2				
Non-travel Expense #3				

VISITOR: Certification Signature Required

I certify that I have paid out these amounts for University-related activities in support of the business purpose listed and in accordance with University policies and procedures, that sponsored project expenses contain no charges for alcoholic beverages or other unallowable items, and that I have not previously received nor will I receive separate reimbursement from Northwestern University or any other entity for any charge I am submitting on this form.

08/23/18

Date

Visitor Signature

Total Expense \$ 239.69

NORTHWESTERN UNIVERSITY USE ONLY Chartstring Distribution

Fund	Department	Project	Activity	Program	CF1	Account	Amount
110	2000100						\$ 239.69

\$ 1,438.14

Dean or Supervisor Area(s) Approval Required

I certify that these expenses were incurred for University related activities and approve them as proper charges to University accounts.

Print Name(s)	Signature(s)	Date
Willie Catz		8-23-18