ACCOUNTING FORM 0025
REVISED 01/08

PURDUE UNIVERSITY
TRAVEL REIMBURSEMENT REQUEST

TRAVELER NAME (Enter Information on Line Above)

PURDUE ID (Enter Information on Line Above)

PURPOSE OF TRIP (Enter Information on Line Above)

ADDRESS (Enter Information on Line Above)

CITY, STATE AND ZIP CODE (Enter Information on Line Above)

PREPAID AIRFARE ☐ EFNEP MILEAGE? ☐ PERSONAL TRAVEL INCLUDED? ☐

PREPAID REGISTRATION ☐ USE OF STATE RATES REQUIRED? ☐ BLANKET TRAVEL? ☐

DATE	BETWEEN WHAT POINTS		HOURS OF		SUBSISTENCE			LODGING EXPENSES	MILEAGE		TRANSPORTATION & MISC. EXPENSES	
2008	FROM	To	DEPARTURE	RETURN/ARRIVAL	CONUS or Same Day Rate	Enter Full, Partial or Same Day	Per Diem Amount		Number Of Miles	Amount	AIR, TRAIN, CAR RENTAL, PARKING, TAXI, REGISTRATIONS, ETC.	AMOUNT
					$0.00		0.00		0	0.00		
							0.00		0	0.00		
							0.00		0	0.00		
							0.00		0	0.00		
							0.00		0	0.00		
							0.00		0	0.00		
							0.00		0	0.00		
							0.00		0	0.00		
							0.00		0	0.00		
							0.00		0	0.00		
							0.00		0	0.00		
							0.00		0	0.00		
							0.00		0	0.00		
				TOTALS			$0.00	$0.00		$0.00		$0.00

Click inside box to enter any explanations needed on Form 25 or delete if not needed. Box can be sized to fit text.

MEALS PROVIDED: 0 BREAKFASTS 0 LUNCHES 0 DINNERS

PER DIEM RATE TO REDUCE FOR PROVIDED MEALS 0.00 PER DIEM REDUCTION 0.00

APPROVED - DEPARTMENT HEAD DATE

APPROVED - COMPTROLLER DATE

APPROVAL - TRAVEL OFFICE DATE

CERTIFICATION

"I HEREBY CERTIFY THAT THE FOREGOING AMOUNT IS JUST AND CORRECT, THAT THE AMOUNT CLAIMED IS LEGALLY DUE AFTER ALLOWING FOR ALL JUST CREDITS, AND THAT NO PART OF THE SAME HAS BEEN PAID."

CLAIMANT (sign above line) DATE

TOTAL REIMBURSEMENT REQUESTED

Is reimbursement limited? ○ Yes ◉ No

G/L ACCOUNT	COST CENTER	ORDER	WBS ELEMENT	EARMARKED FUNDS	FUND	AMOUNT

Business Contact Person & Phone No.

Please complete the above information

to assist the Travel Office in case of questions.

INVOICE

INVOICE DATE

BUSINESS AREA

PAY ENTITY