Visitor's Expense Report		Department:		Request #:			
		Dept Code:					
Northwestern		Request Date:					
		Dept. Contact: Phone:		Voucher #:	Voucher #:		
				Visitor			
		Email:		Vendor Code:			
VISITOR: Please Comple	ete this Section	1	Original rec	eipts must be submit	ted for all claime	d expenses	
Visitor Name:			Business Purpose:				
Address:							
City, State ZIP:							
Phone:							
Date(s) of Travel or Expe	ense From:	То:					
Expense Item	Description, Doc	Description, Documentation Requirements		Explanation of Expense			
Air	Coach rate; attach c	original passenger receipt					
Rail	Attach original pass	enger receipt					
Ground Transportation	Taxi, etc., attach original receipts and include tip						
Automobile	Enter Mileage incurred on or before 12/31/2019: Enter Mileage incurred on or after 1/1/2020:		@ 0.545 per mile: @ 0.575 per mile:	Parking Total:	Tolls Total:		
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						
Incidentals	Attach original recei	pts, 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 Universityrelated 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.

## **NORTHWESTERN UNIVERSITY USE ONLY** Chartstring Distribution

Fund	Department	Project	Activity	Program	CF1	Account	Amount

**Total Expense** 

## 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.

Date	University accounts.				
Date	Print Name(s)	Signature(s)	Date		
Visitor Signature					

Revised 1/07/2020