UNIVERSITY OF DELAWARE

Business Expense Report

VENDOR NUMBER (A/P USE)	FORM PREPARED BY	PHONE #	DATE

PAY TO	ACCOUNT TITLES	ACCOUNT CODES - LIMIT 6	AMOUNT**
	F9K	1.	
ADDRESS OR DEPARTMENT		2.	
		3.	
		4.	
		5.	
SOCIAL SECURITY NUMBER		6.	
(A/P USE) TAXABLE INCOME	**CASH ADVANCE**	**1-8-33-0000-00-102**	

DATE	POINTS VISITED & PURPOSE FROM / TO SPECIFY UNIVERSITY RELATED PURPOSE FOR EXPENDITURES	D I R E C T	B I L L E D	NUMBER PRIVATE AUTO MILES	COMMON CARRIER COSTS RR OR PLANE	 BUS, TAXI, SHUTTLE	MEAL COSTS B	 L	 D	HOTEL ROOM COSTS ONLY	MISCELLANEOUS (PHONE, PARKING, ETC.) DESCRIPTION	 AMOUNT
*Indicate items direct billed by placing a *				@.325								
in the space provided.	**TOTALS**			0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00

Grand Total	$0.00	***I certify that the above is a true and accurate statement of expenses incurred in the proper execution of my official duties, in accordance with University policy.***	ACCOUNT ADMINISTRATOR'S APPROVAL	DATE
Less Direct Billed	$0.00			
**Amt. Paid by Traveler	$0.00		SUPERVISOR'S APPROVAL	DATE
Less Cash Advance	$0.00			
Check # ( )				
Amt. Due from Univ.		SIGNATURE OF REQUESTOR / DATE	ACCOUNTS PAYABLE APPROVAL	DATE
or				
Amt. Returned to Univ.				