



**STATE OF DELAWARE
Personal Expense
Reimbursement**

EMPLOYEE INFORMATION													
VENDOR ID#		INSTRUCTIONS						EMPLOYEE CERTIFICATION					
EMPLOYEE NAME AND ADDRESS INFORMATION		Reimbursement is limited to actual expenses incurred by STATE EMPLOYEES ONLY. A complete Personal Expense Reimbursement form and receipts are required for all items and/or expenses the employee incurred. If the form is submitted for travel reimbursement, the form must include a detailed description and reason for travel, documentation and receipts of incurred expenses and daily tabulation of mileage. ALL EMPLOYEE FIELDS ON THIS FORM ARE REQUIRED.						I do solemnly swear that the below mentioned expenses were incurred as a necessary expenditure in the conduct of state business and that the representations contained in this form are true and correct.					
								EMPLOYEE SIGNATURE AND DATE (Actual signatures are required. Stamped signatures are not accepted.)					
TRAVEL INFORMATION				TRANSPORTATION AND ACCOMMODATIONS				MEALS			MISCELLANEOUS EXPENSES		
TRAVEL DATES (SINGLE OR MULTIPLE)		TRAVEL DESTINATION		DESCRIPTION AND/OR REASON FOR TRAVEL	AUTO MILES	RAIL	TAXI	HOTEL	BREAKFAST	LUNCH	DINNER	EXPENSE DESCRIPTION	AMOUNT
LEAVE	RETURN	FROM	TO			PLANE	BUS	MOTEL					
GRAND TOTAL MILEAGE		@ \$0.50											

FISCAL OFFICE INFORMATION					
Business Unit	Voucher ID (system assigned)	Invoice ID	Invoice Date	Goods Received Date	Voucher Amount
STATE					

INV Line	Description					Extended Amount					Category Code	Ship To		
PO #	Line #	DIST #	Amount	Bud Ref	Fund	DEPT ID	Oper Unit	Appropriation	Account	Program	School Code	PC BU	Project	Activity