LOYOLA UNIVERSITY HEALTH SYSTEM
Loyola University Chicago

EXPENSE REPORT

SEND TO:
ACCOUNTS PAYABLE.
MEDICAL CENTER CAMPUS

NAME:

DEPT:

CAMPUS: BLDG: RM#:

PERIOD FROM TO

DESCRIPTION OF BUSINESS MEALS AND ENTERTAINMENT

Date	Identify Meal	Dining Establishment	Nature of Business Conducted	Names of All Present	Business Affiliation of Guest	Amount

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SEND TO:
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PERIOD FROM TO

SECTION A: Expenses Incurred

Date	TRAVEL DESCRIPTION		PERSONAL AUTO		Trans-portation	Lodging	MEALS			Business Meals and Entertainment	OTHER EXPENSES		Daily Total Expenses
	From	To	Miles Driven	Allowance @ 0.485 Per Mile			Breakfast	Lunch	Dinner		Brief Explanation	Amount	
TOTALS													

NATURE OF BUSINESS:

SECTION B: Distribution of Remaining Expenses

Date	Budget Account Number	Amount
	TOTAL	

SECTION C: Total Expense Summary

Total Expenses Incurred (from Section A)	
Less Expenses Incurred Prepaid by LUMC. Airfare — Account Charged	
Less Expenses Incurred Prepaid by LUMC. Other — Account Charged	
Less Advances Issued. Cash — Account Charged	
Reimbursement Requested (to Section B)	
Balance Due LUMC (Attach Check)	

SECTION E: Approvals

	First Name, Last Name	Date
Budget Administrator		
Immediate Superior		
Component Head		
Finance Approval		

SECTION D: Certification

I certify this expense report is a true and accurate accounting of expenses incurred on authorized LUMC or grant approved business and are fair charges against LUMC. Amounts not approved or considered excessive by the LUMC are authorized to be deducted.

Signature_____ Date _____