RowanUniversity
ACCOUNTS PAYABLE

Student Day Travel Expense

Section 1: This form can be used for:

Processing payments & reimbursements for non-overnight travel expenses and other miscellaneous expenses such as mileage, parking, and tolls.

Section 2: Make Check Payable to:

Date: 4/2/26 Title: Medical Student Banner ID #: 9161234567

Payment to: Joe Jones Email: Jonesj14@rowan.edu Phone #: 123-456-7890

Mailing Address: 123 Maple Rd. City: Sunset State: NJ Zip Code: 01234

Admin. Asst.: _____ Admin. Asst. Banner ID #: _____ Admin. Asst. Phone: _____

Admin. Asst. Email: _____ Department Name: _____ Dept. Building: _____

Section 3: Day Travel Expenses (For more information please visit: Travel Policy)

Date	Departure Address	Arrival Address	Reason for Day Travel Description/Notes	Miles	IRS Mileage Rate	Mileage Reimbursement	Other Expenses		Line Total(s)
							Items	Amount	
4/1/26	123 Maple Rd. Sunset	456 ABC Dr. Phila, PA	Conference	100.00	.725	$ 72.50			$ 72.50
4/1/26	456 ABC Dr. Phila, PA	123 Maple Rd. Sunset	Conference	100.00	.725	$ 72.50			$ 72.50
4/1/26					.725	$ 0.00	Tolls	$ 10.00	$ 10.00
4/1/26					.725	$ 0.00	Parking	$ 15.00	$ 15.00
4/1/26					.725	$ 0.00	Transportation	$ 30.00	$ 30.00
					.725	$ 0.00			$ 0.00
					.725	$ 0.00			$ 0.00
					.725	$ 0.00			$ 0.00
					.725	$ 0.00			$ 0.00
					.725	$ 0.00			$ 0.00
					.725	$ 0.00			$ 0.00
					.725	$ 0.00			$ 0.00
					.725	$ 0.00			$ 0.00
					.725	$ 0.00			$ 0.00
					.725	$ 0.00			$ 0.00
					.725	$ 0.00			$ 0.00
Mileage is calculated by Dr. Levin. Please include departure and arrival addresses. Please leave section 5 blank!			Sub Total:	200		$ 145.00		$ 55.00	
			Please attach original itemized receipts & mileage maps when applicable				Grand Total:		$ 200.00

Section 5: Accounting Information (Account # 7215 for mileage expenses. Account # 7216 for all other travel expenses and employee travel. Account # 7217 for Student travel.)

Index #	Fund #	Organization #	Account #	Program #	Amount

Section 6: Signature & Consent (Completed & Signed form must be submitted within 45 days of travel expense)

I hereby certify that:

1. This is a true and accurate accounting of expenses incurred to accomplish official business for Rowan University and there are no expenses claimed reimbursable which relate to personal or unallowable expense.
2. Please attach original itemized receipts along with mileage maps calculating the shortest route available.
3. All mileage accounted for does not include the normal daily commute. The mileage on this form was calculated using the SHORTEST ROUTE AVAILABLE. At the time of the expense the vehicle I was using for Rowan University was covered by Liability Insurance.
4. I have not received, nor will I receive, reimbursement from any other source (s) for the expense claimed. In the event of overpayment or if payment is received from another source for any portion of the expenses claimed, I assume responsibility for repaying Rowan University in full for those expenses.

Traveler Signature: Joe Jones Date: 4/2/26

Section 7: Appropriate Approvals (Print and Sign)

Department Head/Dean: _____ Date: _____

Grants: _____ Date: _____

Accounts Payable: _____ Date: _____