

Travel and Business Expense Report

Instructions/Purpose: The employee or visitor must complete this form when reimbursement is being requested. The completed and signed Travel and Business Expense Report (TABER) form with all appropriate receipts attached should be submitted after **department approval** to Accounts Payable, ASB, Room 302, 65 Davidson Road, Piscataway, NJ 08854, Busch Campus. If this form is printed, **please type or print legibly in BLACK ink.**

Department Reference Field (optional):			☐ Employee ☐ Visitor						
Traveler Name:					Reques	uest Date:			
Traveler Mailing Address:				Traveler Phone Number:					
Note: Active Rutgers Ur	niversity employees	s will receive reiml	hursements in the	eir navcl	necks Other	rwise ch	ecks will		
automatically be mailed					iceks. Other	i wisc, ci	iceks will		
☐ Call for Check Pickup	:								
	(First Name, Last Na	me, Campus Phone N	(umber)						
☐ Send Check to Approver's Location: (First Name, Last Name)									
☐ Send Check to Prepare	er's Location:								
	(First Name, Last Name,	me)							
Date		Desc	ription			Mileag	e Amount		
Please Explain the Rea	son or Purpose of	Business Reimbu	ursement:	Total Amount 0\$0.00			0\$0.00		
(Required)	Less Amount Disa								
					ibursable E		0\$0.00		
					s Cash Adv		00000		
					ount Due T (or Univers		0\$0.00		
 Traveler's			Approver's						
Signature:			Signature: Print						
Campus Phone Number			Approver's						
(Approver):			Name:						
	·	Account Distri	bution (require						
Fund Source (Account)	Organization	Natural Account	Department Activity 1		epartment ctivity 2	A	Amount		

		Advance Amount			
Revised May 12, 2014					
		Reimbursement Amount		0\$0.00	