**Lehigh University 2023 OneCard Out-of-Pocket Expenses Summary Form**

Use this form to summarize multiple travel expenses related to a single trip

Name:

Title of trip:

**Reimbursements MUST be entered within 30 days of the expense occurring.** Enter full business purpose in WellsOne when creating a Cash Expense. Full business purpose should include: Why did the travel occur and how did it benefit Lehigh, location, names and affiliations of other attendees if their expenses are included below. Submit this form with Wells Fargo cover sheet; itemized receipts; and if travel included attendance at a conference; a copy of the conference registration form or agenda that describes the conference subject matter.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Month/Day/Year | Sunday  /  /     | Monday  /  /     | Tuesday  /  /     | Wednesday  /  /     | Thursday  /  /     | Friday  /  /     | Saturday  /  /     | Total |
| Auto Miles Driven |       |       |       |       |       |       |       |  0.00 |
| x 2023 Mileage Rate |  |  |  |  |  |  |  | .655 |
| Mileage Due |  |  |  |  |  |  |  |  0.00 |
| Airfare |       |       |       |       |       |       |       |  0.00 |
| Tolls |       |       |       |       |       |       |       |  0.00 |
| Parking |       |       |       |       |       |       |       |  0.00 |
|  |  |  |  |  |  |  |  |  |
| Hotel-Room & Tax  |       |       |       |       |       |       |       |  0.00 |
| Meals-Breakfast |       |       |       |       |       |       |       |  0.00 |
|  Lunch |       |       |       |       |       |       |       |  0.00 |
|  Dinner  |       |       |       |       |       |       |       |  0.00 |
| **Or Per Diem:** |  |  |  |  |  |  |  |  |
| Location |       |       |       |       |       |       |       |  |
| Lodging Per Diem |       |       |       |       |       |       |       |  0.00 |
| Meals and Incidental Expenses Per Diem |       |       |       |       |       |       |       |  0.00 |
|  |  |  |  |  |  |  |  |  |
| Other:      |       |       |       |       |       |       |       |  0.00 |
|       |       |       |       |       |       |       |       |  0.00 |
|       |       |       |       |       |       |       |       |  0.00 |
|       |       |       |       |       |       |       |       |  0.00 |
|       |       |       |       |       |       |       |       |  0.00 |
| Total: Enter in “Amount” field of WellsOne Cash Expense | $ 0.00 |