Print Form

# Visitor's Expense Report

An electronic VER is available, see the Online Voucher in the NUPortal

Northwestern

| | |
|---|---|
| **Department:** | **Request #:** |
| **Dept Code:** | |
| **Request Date:** | |
| **Dept. Contact:** | **Voucher #:** |
| **Phone:** | **Visitor Vendor Code:** |
| **Email:** | |

**VISITOR:** ***Please Complete this Section*** ***Original receipts must be submitted for all claimed expenses***

| | |
|---|---|
| **Visitor Name:** | **Business Purpose:** |
| **Address:** | |
| **City, State ZIP:** | |
| **Phone:** | |
| **Date(s) of Travel or Expense From:** **To:** | |

| Expense Item | Description, Documentation Requirements | Explanation of Expense | | | Amount |
|---|---|---|---|---|---|
| Air | Coach rate; attach original passenger receipt | | | | |
| Rail | Attach original passenger receipt | | | | |
| Ground Transportation | Taxi, etc., attach original receipts and include tip | | | | |
| Automobile | *Enter Mileage incurred between 7/1/2022 and 12/31/2022:*<br>*Enter Mileage incurred on or after 1/1/2023:* | @ 0.625 per mile:<br>@ 0.655 per mile: | *Parking Total:* | *Tolls Total:* | |
| Other Transport | Rental car, etc. | | | | |
| Hotel Room & Tax | Attach original hotel voucher | | | | |
| Meals | Attach original receipts, dinners may not exceed $65 per night, incl. tax and tip | | | | |
| Incidentals | Attach original receipts, gratuities & other misc. items | | | | |
| Non-travel Expense #1 | | | | | |
| Non-travel Expense #2 | | | | | |
| Non-travel Expense #3 | | | | | |

**Total Expense**

**VISITOR:** ***Certification Signature Required***

I certify that I have paid out these amounts for University-related activities in support of the business purpose listed and in accordance with University policies and procedures, that sponsored project expenses contain no charges for alcoholic beverages or other unallowable items, and that I have not previously received nor will I receive separate reimbursement from Northwestern University or any other entity for any charge I am submitting on this form.

Date

Visitor Signature

***NORTHWESTERN UNIVERSITY USE ONLY*** **Chartstring Distribution**

| Fund | Department | Project | Activity | Program | CF1 | Account | Amount |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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**Dean or Supervisor Area(s) Approval Required**

I certify that these expenses were incurred for University related activities and approve them as proper charges to University accounts.

| Print Name(s) | Signature(s) | Date |
|---|---|---|
| | | |

Revised 1/4/2023