UNT HEALTH SCIENCE CENTER

Faculty Expense Report

Speaker Name:	
Activity Title:	
Activity Date(s):	

*Please complete this expense report, **attach original receipts** and return to the Office of Professional and Continuing Education for reimbursement. Expenses claimed that are not accompanied by a receipt cannot be reimbursed. Please allow up to six weeks for the check to arrive. UNTHSC reserves the right to limit or deny reimbursement for expenses it determines are inappropriate or excessive.*

Address where check should be sent:_____

_____

Fee for Service:_____

Tax I.D. or Social Security Number: _____

Contact Phone Number: _____

Travel/Food/Lodging

Airline Ticket (coach only)	$_____
Rental Car	$_____
Food	$_____
Parking	$_____
Mileage _____ x 0.50/mi	$_____
Total Expenses	**$**_____

Upon receipt, your expenses will take a maximum of six weeks to process.

I attest these expenses are my own, accurate and related to the stated activity.

Signature_____ Date_____

Please send this form and receipts (if any) to:

UNTHSC-PACE
3500 Camp Bowie Blvd.
Fort Worth, TX 76107-2699

FAX: 817-735-2598