

<b>Visitor's Expense Report</b> <small>An electronic VER is available, see the Online Voucher in the <a href="#">NUPortal</a></small>  <h1>Northwestern</h1>	Department:	Request #: 
	Dept Code:	
	Request Date:	Voucher #:
	Dept. Contact:	
	Phone:	Visitor
	Email:	Vendor Code:

<b>VISITOR: Please Complete this Section</b>		<b>Original receipts must be submitted for all claimed expenses</b>			
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 1/1/2021 and 12/31/2021: Enter Mileage incurred on or after 1/1/2022:	@ 0.560 per mile: \$0.00 @ 0.585 per mile: \$0.00	Parking Total:	Tolls Total:	\$0.00
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					

**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

**Total Expense** \$0.00

**NORTHWESTERN UNIVERSITY USE ONLY Chartstring Distribution**

Fund	Department	Project	Activity	Program	CF1	Account	Amount

**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