

**STATEMENT OF TRAVEL EXPENSE**

Date \_\_\_\_\_

NAME \_\_\_\_\_

Dept \_\_\_\_\_ Bldg \_\_\_\_\_

ADDRESS \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

Return Check to: \_\_\_\_\_

Date of Trip \_\_\_\_\_ To \_\_\_\_\_

DATE OF EXPENSE	FROM	TO	TO	MODE OF TRAVEL	FARE	PARKING TOLLS	MILEAGE		TOTAL
							MILES	\$ EXTENDED	
SUB-TOTAL									

DATE OF EXPENSE	MEALS	HOTEL	TAXI	PHONE	TIPS	OTHER		
						DESCRIPTION	AMOUNT	
SUB-TOTAL								

						TOTAL THIS PAGE	
						TOTAL PREV PGS.	
						TOTAL EXPENSES	
						LESS ADVANCE	
						DUE UNIVERSITY	
						DUE TRAVELER	

  

D I S T R I B U T I O N	SPEEDTYPE	ACCOUNT	AMOUNT	JOURNAL DESCRIPTION - 11 POS

 Are you considered a non-resident alien for tax purposes?  Yes  No

**SIGNATURE / CERTIFICATION OF TRAVELER:**

"I certify that all expenses are in accordance with the University Travel Policy. I also certify that the reimbursement for charges are permissible under sponsor guidelines where applicable and charges to federally sponsored projects do not include alcohol. "

**APPROVAL - Traveler's Supervisor:**

 \_\_\_\_\_  
 Signature

 \_\_\_\_\_  
 Signature Phone Printed Name Phone

**INSTRUCTIONS:**

1. Attach all original receipts to this form.
2. Complete an on-line payment request form for this traveler.
3. Print check request form, enter check request number in the box on the right and forward both to Accounts Payable.

Please record check request no. here

