

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								

DISTRIBUTION	SPEEDTYPE	ACCOUNT	AMOUNT	JOURNAL DESCRIPTION - 11 POS	TOTAL THIS PAGE
					TOTAL EXPENSES
					LESS ADVANCE
					DUE UNIVERSITY
					DUE TRAVELER

 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

