

TRAVEL EXPENDITURE FORM

Used to clear a travel advance from Accounts Payable
OR to be reimbursed for travel expenses
Please clear within 15 days of return from trip.

NAME: _____ DATE REQUESTED: _____

POSITION: _____ DEPARTMENT: _____

ADVANCE ISSUED? yes _____ no _____ CHARGE TO ACCOUNT: _____

DESCRIBE REASON FOR TRAVEL & EXPENDITURES: _____

*** **
*** **

I. TRAVEL

| <u>DATE</u> | <u>DESTINATION / PURPOSE / VIA</u> | <u>MILEAGE</u> | <u>AMOUNT</u> |
|-------------|------------------------------------|----------------|---------------|
| | | | |
| | | | |

** mileage reimbursed @ .51 cents per mile

SUBTOTAL: _____

II. LODGING

| <u>DATE</u> | <u>ESTABLISHMENT / LOCATION</u> | <u>AMOUNT</u> |
|-------------|---------------------------------|---------------|
| | | |
| | | |

SUBTOTAL: _____

III. MEALS

| <u>DATE</u> | <u>BREAKFAST / LUNCH / DINNER / ESTABLISHMENT</u> | <u>AMOUNT</u> |
|-------------|---------------------------------------------------|---------------|
| | | |
| | | |

*** employee=s meals only

SUBTOTAL: _____

IV. OTHER EXPENDITURES

| <u>DATE</u> | <u>TAXI / PARKING / TIPS / MISC. EXPENSES</u> | <u>AMOUNT</u> |
|-------------|-----------------------------------------------|---------------|
| | | |
| | | |

SUBTOTAL: _____

V. ENTERTAINMENT

| <u>DATE</u> | <u>NAME / AFFILIATION / ESTABLISHMENT / PURPOSE</u> | <u>AMOUNT</u> |
|-------------|-----------------------------------------------------|---------------|
| | | |
| | | |

*** must contain detailed info. to receive reimbursement

SUBTOTAL: _____

*** **
*** **

SUBTOTAL OF ITEMS I. THROUGH V. \$ _____

LESS ADVANCE - _____

LESS PERSONAL EXPENSES - _____

Employee Signature _____

TOTAL AMOUNT TO BE REIMBURSED OR RETURNED \$ _____

Approval Signature