



Travel Expense Report

Name (please print) _____

SSN/Tax ID# (Required for Visitors only): _____

Purpose of Trip _____

Travel Authorization Number

Organization

Contract Project Instr. WBS

Total Business Days Away Page Of

1 1

		MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL	
Itinerary	Date									
	Depart From (City)									
	Destination (City)									
	Private Auto Mileage (#)								0	
Expenses Prepaid by STScI (receipts necessary)										
Charge	Item									
	1	Air Travel							\$0.00	
	2	Conference, Seminar (need receipt)							\$0.00	
	3	Hotel (need receipt)							\$0.00	
	4	Other (explain)							\$0.00	
Transportation	5	Total Expenses Paid by STScI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	Cash Expenses Paid by Traveler (itemize)									
	6	Private Auto Mileage (\$)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	7	Air Travel							\$0.00	
	8	Train							\$0.00	
	9	Local (taxi, bus, etc.)							\$0.00	
	10	Rental Car							\$0.00	
	11	Gas							\$0.00	
	12	Tolls							\$0.00	
	13	Parking							\$0.00	
	14	Other (explain)							\$0.00	
	15	Room							\$0.00	
	16	Telephone & Internet							\$0.00	
	Living	Per Diem	Meals - Breakfast							\$0.00
			Lunch							\$0.00
			Dinner							\$0.00
			Incidentals							\$0.00
	17	Total Per Diem	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	18	Conference/Seminar Fees							\$0.00	
Other	19	Total Cash Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

Please submit ALL receipts with this form . Receipts are required for all non per diem items (including expenses paid by STScI) .

Cash Expense Summary

Amount

Total Cash Expenses This Page

\$0.00

Total Cash Expenses Attached Pages

\$0.00

Total Cash Expenses

\$0.00

Less Cash Advanced

*Does not include prepaid expenses

Balance Due Company

Check One

Balance Due Employee

\$0.00

Traveler's signature

Date

Department Head's Approval

Date

Additional Approval (i.e. P.I., DDRF)

Date

* By signing this report, the traveler is indicating that the information is correct and certifying that all cost submitted are allowable. (i.e. does not include alcohol, travel insurance, unrelated personal expenses)

Foreign Exchange Rate Used

(Expenses must be converted to U.S. dollars prior to being submitted to Accounts Payable)

Remarks:

Deliver To:

For Accounting Use Only

Account Number

Amount

Less Employee Receipt 0124-000

TOTAL