



## TRAVEL EXPENSE REPORT

Lewis and Clark Community College, District #536  
Godfrey, Illinois

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

Colleague ID, SSN or FEIN: \_\_\_\_\_ Expenses incurred during the month of: \_\_\_\_\_

Travel expense reports should be submitted monthly and forwarded to accounting within five (5) calendar days after the end of the month.

Itemized Expenses for Each Day (per attached receipts)

**All expenses are for Professional Development (PD) – Please check box**

Date	Purpose	City	Number Attended	Miles	Travel Cost*	Lodging	Meals			Other	TOTAL
							B	L	D		

Travel expenses for the month ..... \$ \_\_\_\_\_

Deduct Amount Paid Directly by the College ..... \$ \_\_\_\_\_

Deduce Advance if obtained ..... \$ \_\_\_\_\_

**Amount of Reimbursement** ..... \$ \_\_\_\_\_

Approved \_\_\_\_\_  
Manager/Assistant Director

Sign \_\_\_\_\_ Traveler

Approved \_\_\_\_\_  
Director, Dean and/or Vice President

Approved: \_\_\_\_\_  
Vice President, CFO, CTO and/or President

\*40 cents per mile for private auto. (effective July 1, 2006)