

Travel Expense Report

Travel Expense Report #									
Traveler Vendor #				Destination 1					
Traveler				Destination 2					
Department:									
Department Location:									
Purpose Of Trip									
Departure Time: First Day :					Last Day:				
Arrival Time: First Day :					Last Day:				
Misc. Expenses :								Total	
Car Rental :								Total	
Transportation:									
Airfare From :					To:			Total	
Mileage From :					To:			Total	
Toll Charges :								Total	
Registration Fees :								Total	
Dates of Travel	Meals			Lodging	Limo/Taxi Or Bus	Car Storage	Phone calls	Tips	Totals
	Breakfast	Lunch	Dinner						
Totals									
I hereby certify that the expenses claimed in this voucher were incurred for official business and the claim is as allowed by the company policy.				Adv Acct	Ref	Amt	Total Expenses		
Traveler's Signature							Due Traveler		
							Date		
Account	Fund	Dept	Program	Class	Project	Type			Amount
Total Expenses									
First Level Approval by (Name & Sign) _____ Date _____					Second Level Approval by (Name & Sign) _____ Date _____				
Audited By				Received by Accounting Dept on date					
Departmental Point of Contact for any Claim related Clarifications									
Name					Phone				
<ul style="list-style-type: none"> • Ensure that this claim form is submitted along with the original supporting documents + photocopies of all documents. • A copy of this claim form should be retained for your records. 									