

XAVIER BUSINESS & TRAVEL EXPENSE REPORT

NAME _____	ML _____	Purpose of Trip _____
HOME ADDRESS _____	EXT. _____	
	MAIL CHECK 	Period From _____ To _____
BANNER ID# OR SS#: _____	HOLD CHECK 	

SECTION A: Expenses Incurred			Mode of Travel: ____ Airplane ____ Personal Auto ____ Rental Auto ____ Other (Specify) _____									
			Time of Departure: _____					Time of Return: _____				
Date	Travel Destination		Personal Auto		Other Transportation	Lodging	Breakfast	Lunch	Dinner	OTHER EXPENSES		DAILY TOTAL EXPENSE
	From	To	Miles Driven	Allowance @ ____/mile						Brief Explanation	Amount	
SUBTOTAL												

SECTION B: Business Meals and Entertainment					
Date	Dining Establishment	Nature of Business Conducted	Names of All Present	Business Affiliation of Guests	Amount
TOTAL					

I certify this expense report is a true and accurate accounting of expenses incurred on authorized University or grant approved business and are fair charges against Xavier University. Amounts not approved or considered excessive by the University are authorized to be deducted.

Signature _____ Date _____

Approval:

Budget Administrator _____ Date _____

Immediate Supervisor/Dean or Department Head _____ Date _____

Original Signatures Required

SECTION C: Distribution of Expenses			
Fund/Org	Account		Amount
Total Expense			
Should EQUAL Subtotal Line #1			

1. TOTAL EXPENSE	
2. Less ADVANCES ISSUED TA# _____	-
3. REIMBURSEMENT REQUESTED	
4. (BALANCE DUE XAVIER)	

Audited By:

ORIGINAL RECEIPTS MUST ACCOMPANY THIS REPORT FOR ALL ITEMS OVER \$10.00