



# Expense Report Form

This form is **REQUIRED** for reimbursement of ALL travel-related expenses.  
This form must be submitted within **30 DAYS OF TRAVEL COMPLETION**.

Name: \_\_\_\_\_

Airfare Amount: \_\_\_\_\_

Did you purchase this ticket through...?  CONCUR/Christopherson Travel  Other

★ If Other, you must include printed quote from CONCUR/Christopherson.

D e p a r t u r e			A r r i v a l		
City	Date	Time	City	Date	Time

Per Diem?  Yes  No      Number of days requested \_\_\_\_\_

★ On travel days, per diem is based on 75% of allowable per diem rates.

Taxis, Shuttles, Ground Transportation Amount: \_\_\_\_\_

★ Notate on the receipt what the trip was for (e.g. Bus to Airport, Airport to Hotel, Travel to Restaurant, Travel to xx, etc.)

Mileage to the airport requested?  Yes  No \_\_\_\_\_

Toll Amount: \_\_\_\_\_

Lodging Amount: \_\_\_\_\_

★ Attach folio with itemized statement. Must indicate a "zero balance".

Please attach and **TAPE** all receipts to blank paper, beginning with the back of this form. Please **NOTATE** each receipt with explanation.