

Travel Expense Report

Date: _____

- Cash
- Check
- Send check to address listed

Pay to: _____

Trip to _____

Charge to: Dept name _____ AND

Account No. _____

Project Code: _____

Department Expense Professional Development Allowance

Expenses:

Auto mileage _____ miles @ .45 = \$ _____

Physical plant approval @ .53 = \$ _____

Approval signature _____

Travel fare: Air Bus Rail _____

Car Rental _____

Parking fee/toll fare _____

Gasoline _____

Hotel/motel expenses _____

Meals with tips _____

Books/tapes/supplies _____

Telephone _____

Conference Registration _____

Other (itemize) _____

Total expenses (**Original receipts must be attached**)\$ _____

Less: advance (Acct # _____) (_____)

Balance due you/College \$ _____

Signature: _____

Supervisory Approval: _____