

TRAVEL EXPENSE REPORT

											ERSE SIDE		RUCTIONS
TRAVELER'S NAME					NUMBER		DEPARTMENT NAME / MAIL LOCATION						
TRAVELER'S ADDRESS ADDITIONAL ADDRESS					P USE) VENDOR	M NUMBER	DEPARTMENT PHONE NUMBER						
					(A/P USE) PYMT METHOD SUPPLEMENT				TRAVEL DESTINATION(S				
				4									
CITY, STATE, ZIP CODE					(A/P USE)				TRAVEL TYPE OVERNIGHT SAME DAY / INCIDENTAL TRAVEL				
									OVERN	IGHTSAI	ME DAY / IN	ICIDENTAI	_ TRAVEL
G/L ACCT FUND COST CENTER					NC GRA	NT	INTERNAL	WBS ELEMENT EARMARKED LN AMOUNT					
G/L ACC	FUND	COST	COST CENTER		EA GRA	ORDER			WBS ELEMENT EARWARK FUNDS			#	AMOUNT
				1	•		•	,				•	
DATE	MEALS	LODGING		TRANSPORTATION OTHI				ER EXPENSES (describe)			TOTAL		
	BREAKFAST				COMMON								
					CARRIER								
	LUNCH				MILES @	0.51							
	DINNER	<u> </u>			RENTAL								
	BREAKFAST				COMMON								
	LUNCH		_		CARRIER MILES @		-						-
	DINNER	†			RENTAL								
	BREAKFAST				COMMON								
	-				CARRIER								_
	LUNCH				MILES @		-						-
	DINNER				RENTAL								
	BREAKFAST				COMMON								
	LUNCH		4		CARRIER MILES @		_						-
	LUNCH DINNER					'	-						
TOTAL	DHALLER	<u> </u>			RENTAL								
											_		
TRAVELER SIGNATURE (PRINT AND THEN SIGN)			DA	DATE									
						TRAV	EL PREPAYMEN	TS / P-	CARD PAYMENTS				-
APPROVAL SIGNATURE (PRINT AND THEN SIGN)					DATE AMOUNT DUE TRAVELER								
						AMO	ONI DUE IKAVE	LEK					