



TRAVEL EXPENSE REPORT

SEE REVERSE SIDE FOR INSTRUCTIONS

TRAVELER'S NAME	M - NUMBER	DEPARTMENT NAME / MAIL LOCATION
TRAVELER'S ADDRESS	(A/P USE) VENDOR CODE / M NUMBER	DEPARTMENT PHONE NUMBER
ADDITIONAL ADDRESS	(A/P USE) PYMT METHOD SUPPLEMENT	TRAVEL DESTINATION(S)
CITY, STATE, ZIP CODE	(A/P USE)	TRAVEL TYPE ____ OVERNIGHT ____ SAME DAY / INCIDENTAL TRAVEL

G/L ACCT	FUND	COST CENTER	FUNC AREA	GRANT	INTERNAL ORDER	WBS ELEMENT	EARMARKED FUNDS	LN #	AMOUNT

DATE	MEALS		LODGING	TRANSPORTATION		OTHER EXPENSES (describe)		TOTAL
	BREAKFAST			COMMON CARRIER				
	LUNCH			MILES @ 0.51				
	DINNER			RENTAL				
	BREAKFAST			COMMON CARRIER				-
	LUNCH			MILES @	-			
	DINNER			RENTAL				
	BREAKFAST			COMMON CARRIER				-
	LUNCH			MILES @	-			
	DINNER			RENTAL				
	BREAKFAST			COMMON CARRIER				-
	LUNCH			MILES @	-			
	DINNER			RENTAL				
TOTAL	-			-		-		

TRAVELER SIGNATURE (PRINT AND THEN SIGN)	DATE	TRAVEL PREPAYMENTS / P-CARD PAYMENTS	-
APPROVAL SIGNATURE (PRINT AND THEN SIGN)	DATE	AMOUNT DUE TRAVELER	