



Travel Expense Statement

Departmen	nt Name:			Emp	oloyee ID:			Perso	nal Sta	art Date	e :		P	ersonal End	Date:		
Name:				Title	:			AU Bu	sines	s Start [Date:		Α	U Business	End Date):	
Campus Ad	ddress:			<u> </u>						City:			Sta	te:		Zip:	
Home Addı	ress:									City:			Stat	te:		Zip:	
Office Phor	ne:	E	mail:							Vendo	or ID:						
AU Fund	ding Sc	mrce.															
Fund:		Departmer	nt:		Program: Class:				: Project: An				Amt	 nt:			
Fund:		Departmer	ıt:		Program:				Class:						Amt		
Fund:		Departmer	it:		Progi	ram:		(Class:	: Proje			ct:		Amt	:	
Meals -	641130																
Meals Code Descriptions: Select a code in the dropdown box located to the left of each meal. NE-Not Eliaible: Meals not Reg- In State Regular: B/L HSH- In State High Cost: If you have an unusual meal.				/LD: 6.00 / : B/L/D 7.0 daily per di	7.00 / 1 0 / 9.00 em rate	5.00 / 20.0 :	00	P de	Please n educted	note tha	at \$5.00 daily to) for incic tals if cla	dentals is not imed.			be	
	Depar	t Return		Breal	kfast				Lu	ınch		Dinner			er		
Date	Time		Code	Loca	tion	Amt	Coc	de	Loc	cation		Amt	Code	Locati	on	Amt	Total
												-					
Lodging	ı-64114	.0						Lo	catio	on Po	ints '	Visite	d		Total		
			Daily Ra	ite # Days	# Days Total From			rom	To D			Descri	Description				
					Total												
				Total						Reg	istrat		-727121		Δ	4	
												Desc	ription		Amo	ount	
					T	otal E	Ехре	ense	S								
641110 T	641110 Total Transportation									Total R	eimb I	Rent C	ar				
641120 Total Airlines							641170 Total Parking										
641130 Total Meals						\dashv		641510 Total Mileago									

727121 Total Reimb Registration

Total Reimbursable Expenses

641140 Total Lodging

641150 Total Misc

				Per	sonal Start Date:	:	Persona	al End Date:	
EmplID#	Employee:			AU	Business Start D	Date:	AU Bus	iness End Da	ate:
Personal	Vehicle Mileage-6	41510							
		ehicle was more advantageo	us than a co	mmercial rer	ntal.	Yes N	0		
Select type	of personal vehicle:	Automobile	Motorcycle	Airplane		I have an assi	gned state ca	er on a perma	anent basis
Date	Origin	Points Visited	De	stination	Begin Miles	End Miles	Commune Miles	Personal Miles	State Use Miles
							_		
							_		
							-		
							-		
							-		
f you shared	transportation enter,Pe	erson(s) traveled with:				Т	otal State I	Jse Miles	
								Total	
Airlines-6		T	1						
Begin Da	ate End Date	Type of Transportation		Origin		Des	tination		Amount
								Total	
Franspor	tation-641110 (gas	oline, public trans, taxi, t	rain, tolls)	Parking	g-641170				
Date Description			Amount	Date		Descrip	otion		Amount
	-								

Date	Description	Amount
	Total	

Date	Description	Amount
	Total	

Rental Vehicle-641160 (paid by employee)

Date	Description	Amount
	Total	
	Total	

Miscellaneous Expenses-641150

Date	Description	Amount
	Total	

Explain any expenses that are unusual or exceed established limits:

"I do solemnly affirm under criminal penalty of a felony for false statements subject to punishments by not less than one year nor more than twenty years of penal servitude, that the above statements are true and I have incurred the described expenses and mileage usage in the discharge in the discharge of my official duties. I have not been reimbursed and have not nor will I file for reimbursment from any other source, for said expenses."

Traveler's Signature: **Printed Name:** Date:

Supervisory Approval Authorizing Travel and Campus Absence	Budgetary Approval for Expenditures	SPA Approval (Foreign Travel Only)
Name:	Name:	Name:
Title:	Title:	Title:
Signature:	Signature:	Signature:
Date:	Date:	Date: