

# **Travel Expense Statement**

Department Name:		Employee ID: Personal Sta		art Date: Personal End Date:		
Name:		Title:	AU Business Start Date:		AU Business End Date:	
Campus Address:				City:	State:	Zip:
Home Address:				City:	State:	Zip:
Office Phone: Email:				Vendor ID:		

# **AU Funding Source:**

Fund:	Department:	Program:	Class:	Project:	Amt:
Fund:	Department:	Program:	Class:	Project:	Amt:
Fund:	Department:	Program:	Class:	Project:	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 occuring within eligible depart and return times or meals included in registration fees. **Reg- In State Regular:** B/LD: 6.00 / 7.00 / 15.00

HSH- In State High Cost: B/L/D 7.00 / 9.00 / 20.00 OS- Out of State: Enter daily per diem rate: Please note that \$5.00 for incidentals is not allowed and will be deducted from daily totals if claimed.

If you have an unusual meal expense, use the miscellaneous expenses section on the next page.

	Depart	Return		Breakfast			Lunch			Dinner		
Date	Time	Time	Code	Location	Amt	Code	Location	Amt	Code	Location	Amt	Tot
										Total		

Lodging-641140 Loc				Location Points Visited					
From	То	Location	Daily Rate	# Days	Total	From	То	Description	
	1	I	1	Total			Regi	stration Fee -727121	
								Description	Amount

# **Total Expenses**

641110 Total Transportation	
641120 Total Airlines	
641130 Total Meals	
641140 Total Lodging	
641150 Total Misc	

641160 Total Reimb Rent Car	
641170 Total Parking	
641510 Total Mileage	
727121 Total Reimb Registration	
Total Reimbursable Expenses	

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		Personal Start Date:	Personal End Date:
EmpIID#	Employee:	AU Business Start Date:	AU Business End Date:
Personal Vehicle	Mileage-641510		

I certify that	use of a personal ve	hicle was more advantag	eous than a com	mercial rent	al.	Yes N	0		
Select type o	f personal vehicle:	Automobile	Motorcycle	Airplane		I have an assi	gned state ca	r on a perm	anent basis
Date	Origin	Points Visited	Dest	ination	Begin Miles	End Miles	Commune Miles	Personal Miles	State Use Miles
							_		
f you shared t	ransportation enter,Per	rson(s) traveled with:	·			Т	otal State	Jse Miles	

### Airlines-641120

Begin Date	End Date	Type of Transportation	Origin	Destination	Amount
				Total	

# Transportation-641110 (gasoline, public trans, taxi, train, tolls)

Date	Description	Amount
	Total	

# Rental Vehicle-641160 (paid by employee)

Date	Description	Amount
Dale	Description	Amount
	Tatal	
	Total	

# Parking-641170

Date	Description	Amount
	Total	

Total

# Miscellaneous Expenses-641150

Date	Description	Amount
L	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 Abser	nce Budgetary Approval for Exper	nditures SPA Approval (Foreign Travel Only)
Name:	Name:	Name:
Title:	Title:	Title:
Signature:	Signature:	Signature:
Date:	Date:	Date: