

## **Travel Expense Statement**

Department Name: Employ			yee ID:			Personal Start Date:				Personal End Date:						
Name:				Title:			ΑL	J Business	Star	t Date:	AU Business End Date:					
Campus Add	dress:						•		City:		State: Zip:					
Home Addre	ess:								City:		State: Zip:			:		
Office Phone	e:	Em	ail:						Ven	dor ID:	): 					
All Fund	ing Sour	.ce.														
Fund:		partment:			Progra	m:		Class:			Proje	 ct:		Amt:		
Fund:		partment:			Progra			Class:			Proje			Amt:		
Fund:		partment:			Progra			Class:			Proje			Amt:		
Meals - 6	41130							•								
Select a cod dropdown be he left of ea	ox located to	OS-	- In State I Out of Sta	Regular: B/LD: High Cost: B/l te: Enter daily Inusual meal e	L/D 7.00 / per dier	/ 9.00 / m rate:	20.00	de	educt	ed from	daily to	tals if clai		llowed and	d will b	е
	Depart	Return		Breakfas	t			Lu	nch				Dinner	Dinner		
Date	Time	Time	Code	Location		Amt	Code	e Location Amt		Amt	Code Location An		Amt	Tota		
Lodging	n_641140	'			'	, L		Locati	ion	Doints	Vici	tod		Total		
Lodging-641140		Deily Dete	Location Poi													
From	То	Loc	ation	Daily Rate	# Days	5 10	otai	From	1	То			Descri	ption		
									+							
									+							
	-	+		+					-		-					

## Total Expenses

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

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

Description

Amount

				Doros	nal Start Date:		Dorsonal	End Data:		
EmpIID#	IID# Employee:							Personal End Date:		
			AU Business Start Date:				AU Business End Date:			
	Vehicle Mileage-6									
I certify tha	at use of a personal ve	hicle was more advantageou	s than a c	ommercial rent	al.	Yes N	0			
Select type	of personal vehicle:	Automobile I	Motorcycle	Airplane		I have an assi	gned state ca	ir on a perm	anent basis	
Date Origin		Points Visited	Destination		Begin Miles	End Miles	Commerce Miles	Personal Miles	State Use Miles	
							_			
vou shared	transportation enter,Pe	rson(s) traveled with:					otal State I	lea Milae		
you onarcu	transportation enter, re	10011(0) traveled with.				<u> </u>	otal otale (	Total		
Airlines-6	641120							- Total		
Begin Da		Type of Transportation		Origin		De	stination		Amount	
								Total		
Transpor	tation-641110 (gas	soline, public trans, taxi, tı	ain, tolls)	Parking	-641170					
Date	Desc	cription	Amount	Date		Descri	ption		Amount	
		<del> </del>					<b>J</b>		7 0	
	-									
		Tatal						Total		
Rontal Vo	hicle-641160 (paid	Total		Miscellaneous Expenses-641150						
Date	•	escription	Amount	Date	aneous EXP	Descri			Amount	
Date	Di	σσοπριίστι	Amount	Date		Descri	μισι		Amount	

Date	Description	Amount
	Total	

Date	Description	Amount
	Total	

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 pena
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: