



# Travel Expense Statement

<b>Department Name:</b>						<b>Travel From:</b>						<b>To:</b>					
Name:				Title:				Employee ID#									
Campus Address:						City:		State:		Zip:							
Home Address:						City:		State:		Zip:							
Office Phone:			Email:			Vendor ID:											
Fund:		Department:			Program:		Class:		Project:			Amt:					
Fund:		Department:			Program:		Class:		Project:			Amt:					
Fund:		Department:			Program:		Class:		Project:			Amt:					

### Meals - 641130

Meals Code Descriptions: **NE-Not Eligible:** Meals not occurring within eligible depart and return times or meals included in registration fees.  
 Select a code in the dropdown box located to the left of each meal. **Reg- In State Regular:** B/L/D: 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.*

Date	Depart Time	Return Time	Breakfast			Lunch			Dinner			Total
			Code	Location	Amt	Code	Location	Amt	Code	Location	Amt	
<b>Total</b>												

### Lodging-641140

From	To	Location	Daily Rate	# Days	Total
<b>Total</b>					

### Location Points Visited

From	To	Description

### Registration 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	
<b>Total Reimbursable Expenses</b>	

**Personal Vehicle Mileage-641510**

I certify that use of a personal vehicle was more advantageous than a commercial rental. <span style="float:right">Yes No</span>								
Select type of personal vehicle:		Automobile	Motorcycle	Airplane	I have an assigned state car on a permanent basis			
Date	Origin	Points Visited	Destination	Begin Miles	End Miles	Commute Miles	Personal Miles	State Use Miles

If you shared transportation enter, Person(s) traveled with:

**Total State Use Miles**  
**Mileage Rate \$**

**Airlines-641120**

Begin Date	End Date	Type of Transportation	Origin	Destination	Amount
<b>Total</b>					

**Transportation-64110 (gasoline, public trans, taxi, train, tolls)**

Date	Description	Amount
<b>Total</b>		

**Parking-641170**

Date	Description	Amount
<b>Total</b>		

**Rental Vehicle-641160 (paid by employee)**

Date	Description	Amount
<b>Total</b>		

**Miscellaneous Expenses-641150**

Date	Description	Amount
<b>Total</b>		

**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 or 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 of my official duties." I have not been reimbursed and have not filed nor will I file for reimbursement from any other source, for said expenses.

Traveler Signature: \_\_\_\_\_ Approver Signature: \_\_\_\_\_ SPA Signature: \_\_\_\_\_ (Foreign Travel Only)  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_