Please submit this form to the Business Office within three days of your return.

**Date(s) of Travel:**

**Destination & Reason for Travel:**

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**Expenditures:** *(Attach Receipts)*

**Transportation:**

- _____ Bus
- _____ Train
- _____ Plane
- _____ Rental Car
- _____ Personal Car: Odometer Reading: Start_______________ Ending _______________

Total Miles _______________ X $.48 = $_______________

**Lodging & Meals:**

- Motel $_______________
- Meals *(Include Tips)* $_______________

**Other Expenses:** *(Describe)*

- $_______________
- $_______________
- $_______________
- $_______________
- $_______________

**TOTAL EXPENSES** $_______________

**Advance** $_______________

If advance exceeds total expenses, enter amount.

**If total expenses exceed advance, enter here.** $_______________

**Account Number Charged:**

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**Approved by:**

Department Chair __________________________________________ Traveler’s Signature ________________________________