

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
EMAIL: \_\_\_\_\_  
\_\_\_\_\_

TRAVEL TO: \_\_\_\_\_  
BUSINESS PURPOSE: \_\_\_\_\_  
\_\_\_\_\_

EXPENSES PAID BY EMPLOYEE

DATES:								TOTAL
Mileage								0
* Rate \$.53	-	-	-	-	-	-	-	-
Parking/Tolls								-
Taxi/Shuttle								-
Car Rental								-
Airline/Train								-
Lodging								-
Breakfast								-
Lunch								-
Dinner								-
Entertainment								-
Other*								-
TOTAL	-	-	-	-	-	-	-	-

EXPENSES CHARGED TO PCARD (LIST):

								-
								-
								-
TOTAL	-	-	-	-	-	-	-	-

Itemize Other*	
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TOTAL EXPENSES -  
Less: EXPENSES CHARGED TO PCARD -  
TOTAL DUE TO EMPLOYEE -

Check Delivery	circle one-->	pick up	campus mail	U.S. Mail
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Expense Coding:	INDEX	FUND	ORG	ACCT	PROG

Signature of Employee:		Date:
Dept Head Approval:		Date: