



TRAVEL EXPENSE REPORT

NOTE: Before filling out this form, read the Instructions on the reverse side. Fill out in ink or report will not be accepted. Attach all supporting receipts.

NAME	DATE PREPARED
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TRAVEL

DATE	FROM (CITY)	TO (CITY)	HOTEL

PURPOSE OF TRIP:

TRAVEL EXPENSES

DAY	MEALS	INCLUDING	TIPS	LODGING	PERSONAL AUTO EXPENSE		OTHER TRANS.	MISC.	EXPLANATION	TOTAL/DAY
	BREAKFAST	LUNCH	DINNER		MILES X	AMT./MI. =				
SUN										
MON										
TUE										
WED										
THU										
FRI										
SAT										

EXPLANATION OF ABOVE:

TRIP TOTAL: \$ _____
AMOUNT DUE COLLEGE: _____
AMOUNT DUE YOU: \$ _____

ACCOUNT NUMBER

SIGNATURE

APPROVAL I

APPROVAL II