



Name _____ Title _____ Soc. Sec. # _____

Department or Division _____ JAG # _____

Mailing Address _____

Reason for making trip _____ Phone # _____

Please check one: Employee Student Other (Specify) _____

Table with columns: Dates, Hour of Departure or Return (A.M., P.M.), Points of Travel (From, To), Transportation (Mode, Mileage If In Private Car, Amount), Meals (Actual: B'fast, Lunch, Dinner, Total Per Day), Amount Claimed Per Day, Lodging (Amount Per Day). Includes a Totals row.

Other Expenses
(Itemize other expenses and furnish required receipts. Use extra sheets if necessary.)

Total Other Expenses

Total Travel Expenses (Transportation + Meals + Lodging + Other Expenses)

Prepaid Expenses
(Itemize prepaid expenses included above such as airline tickets, etc., and attach receipts. Use extra sheets if necessary.)

Total Prepaid Expenses ()

Net Travel Expenses To Be Reimbursed To Traveler
(Total travel expenses less prepaid expenses)

CERTIFICATION

I HEREBY CERTIFY that the above statements are true and that I have incurred the described expenses and the mileage in the discharge of my official duties for the University and have not been reimbursed and have not filed nor will I file for reimbursement from any other source for said expenses. I FURTHER CERTIFY that reimbursement for lodging is claimed at the single occupancy rate, except in cases where more than one University employee shared the same room, and that if reimbursement for valet parking is claimed, then that was the only parking available.

Signature of Traveler

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE

DAY OF _____, _____

NOTARY PUBLIC

My Commission Expires:

APPROVALS FOR PAYMENT

Department Head

Dean/Vice-President

Controller

Table with columns: Fund, Org, Account, Program, Activity, Amount

