



## TRAVEL & BUSINESS EXPENSE REPORT

|   |                                       |
|---|---------------------------------------|
| EMPLOYEE'S NAME:  | EMPLOYEE'S PAYROLL ID #<br><b>E -</b> |
| EMPLOYEE'S HOME ADDRESS:  | DEPARTMENT NAME                       |
|   | REQUISITION #<br><b>X -</b>           |
| PURPOSE OF TRAVEL/BUSINESS:<br><br>_____  |                                       |
| We certify that the following expenses were charged and incurred in accordance with College policy and reimbursement is not being provided by any other source. |                                       |
| AUTHORIZING SIGNATURE:  |                                       |
| _____<br>EMPLOYEE'S SIGNATURE   | _____<br>DATE                         |
| (Please Print) » NAME _____ » TITLE _____ DATE _____  |                                       |

| DATE OF EXPENSE                  | DESCRIPTION OF EXPENSE | (A)<br>PAID BY<br>EMPLOYEE | (B)<br>PAID<br>BY COLLEGE                                |
|----------------------------------|------------------------|----------------------------|--|
|                                  | <b>Air/Rail Fare</b>   | .                          | .  |
|                                  | <b>Private Auto</b>    | .                          | .  |
|                                  | <b>Hotel</b>           | .                          | .  |
|                                  |                        | .                          | .  |
|                                  |                        | .                          | .  |
|                                  |                        | .                          | .  |
|                                  |                        | .                          | .  |
|                                  |                        | .                          | .  |
|                                  |                        | .                          | .  |
| TOTAL EXPENSES PAID BY EMPLOYEE: |                        | .                          | .  |
|                                  |                        | TOTALS                     |  |
| COST CENTER                      | OBJECT CODE            | AMOUNT                     |  |
|                                  |                        |                            | 1. Total Expenses (Columns A&B)                          |
|                                  |                        | .                          | 2. Total Expenses Paid by Employee (Column A)            |
|                                  |                        |                            | 3. Less: Travel Advance – Check # _____                  |
|                                  |                        |                            | - 73000 <b>Credit Memo</b>                               |
|                                  |                        |                            | If Line 3 is more than Line 2:<br>AMOUNT DUE TO FIT      |
|                                  |                        |                            | .  |
|                                  | Column (A)             |                            | If Line 3 is less than Line 2:<br>AMOUNT DUE TO EMPLOYEE |
|                                  |                        |                            | .  |

**FOR ACCOUNTING USE ONLY:** \_\_\_\_\_  
Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_