

STATEMENT OF TRAVEL EXPENSE

*DO NOT COMBINE MORE THAN ONE EVENT ON EACH FORM		DATE _____
DEPARTMENT _____		Bldg: _____
NAME _____	*Purpose of Trip _____	
ADDRESS _____	Date of Trip _____ To _____	
UNITED AIRLINES FREQUENT FLYER #: _____	EMPLID: _____	

DATE OF EXPENSE	FROM	TO	TO	MODE OF TRAVEL	FARE	PARKING TOLLS	MILEAGE		TOTAL	Expenses charged directly to University Speedtype(PCARD, PO, preferred agency)
							MILES	\$ EXTENDED		
SUB-TOTAL										

DATE OF EXPENSE	MEALS	HOTEL	TAXI	PHONE	TIPS	OTHER		TOTAL	Expenses charged directly to University Speedtype(PCARD, PO, preferred agency)
						DESCRIPTION	AMOUNT		
SUB-TOTAL									

ALL RECEIPTS RELATED TO TRAVEL (INCLUDING COPIES OF PCARD TRANSACTIONS) MUST BE SUBMITTED TO TRAVEL SUPERVISOR	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">TOTAL</td><td> </td></tr> <tr><td style="text-align: center;">Less charges assigned directly to University</td><td> </td></tr> <tr><td style="text-align: center;">Less Advance</td><td> </td></tr> <tr><td style="text-align: center;">DUE UNIVERSITY</td><td> </td></tr> <tr><td style="text-align: center;">DUE TRAVELER</td><td> </td></tr> </table>	TOTAL		Less charges assigned directly to University		Less Advance		DUE UNIVERSITY		DUE TRAVELER	
TOTAL											
Less charges assigned directly to University											
Less Advance											
DUE UNIVERSITY											
DUE TRAVELER											

Are you considered a non-resident alien for tax purposes?
 If yes, please contact Foreign Faculty and Scholars, (368-4289) for help with travel expense reimbursement.

Did you purchase any alcoholic beverages?
 (If so, please use account code 599020)

SIGNATURE / CERTIFICATION OF TRAVELER: _____ APPROVAL - Traveler's Supervisor: _____
 "I certify that all expense are in accordance with the University Travel Policy. I also certify that the reimbursement for charges are permissible under sponsor guidelines where applicable and charges to federally sponsored projects do not include alcohol."
Signature _____

Signature _____ Phone _____ Printed Name and Title (required) _____ Phone _____

- INSTRUCTIONS:**
1. COMPLETE 2 COPIES OF STATEMENT OF TRAVEL EXPENSE FOR EACH TRIP
 2. ALL RECEIPTS INCLUDING PCARD/E-TICKET RECEIPTS MUST BE PROVIDED TO PROCESS TRAVEL EVENT
 3. ONE COPY OF FORM AND P CARD RECEIPTS MUST STAY IN DEPARTMENT
 4. FOR THIS TRAVELER'S REIMBURSABLE EXPENSES, COMPLETE ON-LINE PAYMENT REQUEST FORM (PEOPLESOFT) ACCOUNTS PAYABLE: PAYMENT REQUEST: TYPE :TRAVEL REIMBURSEMENT
 5. PRINT COMPLETED PAYMENT REQUEST
 6. ENTER PAYMENT REQUEST NUMBER IN BOX ON STATEMENT OF TRAVEL EXPENSE
 7. ATTACH ORIGINAL RECEIPTS FOR REIMBURSEMENT TO OTHER COPY OF STATEMENT OF TRAVEL EXPENSE AND FORWARD WITH PAYMENT REQUEST FORM TO ACCOUNTS PAYABLE
- Record payment request no. here