



*DO NOT COMBINE MORE THAN ONE EVENT ON EACH FORM						DATE _____			
						DEPARTMENT _____ Bldg: _____			
NAME _____			*Purpose of Trip _____ Date of Trip _____ To _____ EMPLID: _____						
ADDRESS _____									
CONTINENTAL AIRLINES FREQUENT FLYER #: _____									
DATE OF EXPENSE	FROM	TO	TO	MODE OF TRAVEL	FARE	PARKING TOLLS	MILEAGE MILES \$ EXTENDED	TOTAL	Expenses charged directly to University Speedtype(PCARD, PC preferred agency)
SUB-TOTAL									
DATE OF EXPENSE	MEALS	HOTEL	TAXI	PHONE	TIPS	OTHER DESCRIPTION AMOUNT			Expenses charged directly to University Speedtype(PCARD, PC preferred agency)
SUB-TOTAL									
							TOTAL		
							Less charges assigned directly to University		
							Less Advance		
							DUE UNIVERSITY		
							DUE TRAVELER		
ALL RECEIPTS RELATED TO TRAVEL (INCLUDING COPIES OF PCARD TRANSACTIONS) MUST BE SUBMITTED TO TRAVEL SUPERVISOR									
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: "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."						APPROVAL - Traveler's Supervisor: Signature _____			
_____ Signature						_____ 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	