

**NON-FACULTY TRAVEL AND BUSINESS EXPENSE
REPORT (Please type or print)**

NAME _____ **BANNER ID** _____

DATES AND PURPOSE OF TRIP

USE OF PERSONAL AUTOMOBILE

DATE	FROM	TO	RATE	MILES	AMOUNT
			.725		
			.725		
			.725		
			.725		

PLEASE ITEMIZE THE FOLLOWING ON THE REVERSE OF THIS FORM:

Lodging (Receipt Required)	\$
Meals	\$
Other (see reverse)	\$
Total Trip Expense	\$

Deduct Travel Allowance \$

Amount Due Employee \$

Amount Due University (Attach check or cash) \$

CHARGE EXPENSE TO:

(Sum should equal Total
Trip Expense from above.)

FUND/ORG-ACCT	AMOUNT

A properly approved travel expense report is due in Accounts Payable within five working days after payee's return to campus. A second travel advance may be denied until settlement for the previous advance is made.

**REIMBURSEMENT IS AUTHORIZED FOR ALL REASONABLE EXPENSES THAT ARE APPROPRIATE
TO THE TRIP PURPOSE.**

Employee's Printed Name

Employee's Signature

Date

Supervisor's Printed Name

Supervisor's Signature

Date

Non-Faculty Expense Itemization Sheet

PLEASE ATTACH RECEIPTS OR NOTE IF NOT AVAILABLE

Lodging (Receipts required. Deduct room service or restaurant charges including on bill and list those in the “Meals” section below.)

Date	Hotel	Amount

Meals (Receipts required or note if not available. Per diems not allowed.)

Date	Breakfast	Lunch	Dinner	Total

Other (Examples: Taxis, parking, conference registration. Receipts required or note if not available.)

Date	Description	Amount