Travel Expense Report

Name:	**Department:**	**Employee ID/SSN #:**
Reimbursement Address:	**Department Contact:**	**Phone:**
	Destination	**Mileage Reimbursement Rate:**
	Purpose of Trip:	
Vendor Number:		

Date	Departed From/ Arrived At	Time	# of Auto Miles	Mileage Reimburse-ment	Transportation			Hotel/ Lodging	Meals	Conf. Fees/ Registration	Misc. Expenses	Daily Totals
					Air, Rail, Etc.	Car Rental	Taxi, Parking, Tolls, Etc.					
				$0.00								$0.00
				$0.00								$0.00
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				$0.00								$0.00
	Subtotal:			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Other Miscellaneous Expenses		
Date	**Item**	**Amount**
	Total:	$0.00

Total Miscellaneous Expenses	$0.00
Total Travel & Miscellaneous Expenses	$0.00
Total Due to Employee	$0.00

Company Account/Fund

Certification: I certify that the above amount is correct and just. The above detailed items were for the purpose of conducting business as required and have not been falsified or adjusted in any way. None of the items listed have been paid for by an alternate source or have been submitted to a separate department for reimbursement.

Employee Signature:	**Date:**
Department Approval:	**Date:**

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