



Travel Expense Report

Pay to _____ Date _____

Destination _____ Date(s) of travel _____

Purpose _____

Account number(s) to be charged _____

DETAILS OF EXPENDITURES		PLEASE ENTER DATES					TOTALS
		/ /	/ /	/ /	/ /	/ /	
Transportation: Private Auto Auto _____ Miles @ _____	1	\$	\$	\$	\$	\$	\$
Airfare	2						
Lodging	3						
Meals & Tips	4						
Hospitality/Entertainment	5						
Other (please detail)	6						
Car Rental	7						
Parking/tolls	8						
Telephone	9						
Taxi/limo	10						
TOTALS	11	\$	\$	\$	\$	\$	\$

Balance due individual \$

I hereby certify that the above travel expenditures were incurred in the performance of official business for Marian University and that it complies with the travel regulations of the school.

Signature _____ Date _____ Signature of Approving Authority _____ Date _____

ENTERTAINMENT EXPENSE/LOCAL TRAVEL

Date	City	Establishment	Guest(s)	Reason	Amount
Date	City	No. of miles	Reason	Amount	

Requestor: Within three days after return of travel, complete the form, sign and submit to supervisor for approval, along with receipts. Receipts must be obtained whenever reasonably possible. Keep pink copy for your files.

For auto travel: Enter miles and dollar amount.

Supervisor: Approve, submit white and yellow copy for payment. Yellow copy will be returned with payment.