



Travel Authorization/Actual Expense

revised 1/19/24

Expense #: _____ Dept. Acct #: _____

Employee: _____ Travel Destination: _____

Purpose of Travel: _____

Departure: _____ Return: _____
Date Time Date Time

Vehicle to be used: _____ No of Employees _____ No of Students per Hotel Room: _____

Complete the total estimated expenses (LEFT HAND COLUMN) PRIOR TO TRIP. Must have **Expense number** BEFORE travel and a liability form if applicable. Employee must complete the actual expense of travel with all receipts **within five (5) days of last day traveled**. Failure to comply with this could result in travel privileges being revoked.

BEFORE TRIP: Fill out this side SAVE . Print and give Administrative Assistant		
Estimate of Expenses to be incurred: Breakfast \$9 Lunch \$10 Dinner \$17 Full Day \$36		
Mileage per Diem		Proposed Expenses
Number of Miles		
Meals		
Airfare & Baggage		
Lodging		
Registration		
Parking		
Taxi/Rental Car		
Misc/Other		
Sub Total		

AFTER TRIP: Open up saved form, fill out the right hand side, print and		
REIMBURSEABLE EXPENSE - ITEMIZED RECEIPTS ATTACHED Expenses will only be reimbursed after travel has occurred.		
Mileage Per Diem		Actual Expenses
Number of Miles		
Meals		
Airfare & Baggage		
Lodging		
Registration		
Parking		
Taxi/Rental Car		
Misc/Other		
Total Expenses		
Less Cash Advance		
Amount Due		

 Employees signature and date

Employee Signature and Date

 Dean/Supervisors Signature and Date

Dean/Supervisors Signature and Date