Travel & Expense Record

Name:_____ Dept./Activity:_____ Month:_____ Year_____

Date	To	From	Reason	Mileage	Tolls	Parking	Lodging	Other
Totals								

Please include/attach all applicable receipts: Signature required for reimbursement.

Signature: _____

Approval: _____

Approval: _____

Item	Account	Total
Mileage x		
Tolls		
Parking		
Lodging		
Other		
Total		