



Travel Expense Statement

Department Name:				Travel From:		To:			
Name:			Title:		Employee ID#				
Campus Address:				City:		State:		Zip:	
Home Address:				City:		State:		Zip:	
Office Phone:		Email:			Vendor ID:				
Fund:	Department:		Program:		Class:		Project:		Amt:
Fund:	Department:		Program:		Class:		Project:		Amt:
Fund:	Department:		Program:		Class:		Project:		Amt:

Meals - 641130

Meals Code Descriptions: **NE-Not Eligible:** Meals not occurring within eligible depart and return times or meals included in registration fees.
Reg- In State Regular: B/L/D: 6.00 / 7.00 / 15.00
HSH- In State High Cost: B/L/D 7.00 / 9.00 / 20.00
OS- Out of State: Enter daily per diem rate:

Select a code in the dropdown box located to the left of each meal. Please note that \$5.00 for incidentals is not allowed and will be deducted from daily totals if claimed.

If you have an unusual meal expense, use the miscellaneous expenses section on the next page.

Date	Depart Time	Return Time	Breakfast			Lunch			Dinner			Total
			Code	Location	Amt	Code	Location	Amt	Code	Location	Amt	
											Total	

Lodging-641140

From	To	Location	Daily Rate	# Days	Total
Total					

Location Points Visited

From	To	Description

Registration Fee -727121

Description	Amount

Total Expenses

641110 Total Transportation	
641120 Total Airlines	
641130 Total Meals	
641140 Total Lodging	
641150 Total Misc	

641160 Total Reimb Rent Car	
641170 Total Parking	
641510 Total Mileage	
727121 Total Reimb Registration	
Total Reimbursable Expenses	

Personal Vehicle Mileage-641510

I certify that use of a personal vehicle was more advantageous than a commercial rental.							Yes	No
Select type of personal vehicle:		Automobile	Motorcycle	Airplane	I have an assigned state car on a permanent basis			
Date	Origin	Points Visited	Destination	Begin Miles	End Miles	Comm. Miles	Personal Miles	State Use Miles
If you shared transportation enter, Person(s) traveled with:							Total State Use Miles	
<input style="width: 90%;" type="text"/>							Mileage Rate \$	

Airlines-641120

Begin Date	End Date	Type of Transportation	Origin	Destination	Amount
Total					

Transportation-64110 (gasoline, public trans, taxi, train, tolls)

Date	Description	Amount
Total		

Parking-641170

Date	Description	Amount
Total		

Rental Vehicle-641160 (paid by employee)

Date	Description	Amount
Total		

Miscellaneous Expenses-641150

Date	Description	Amount
Total		

Explain any expenses that are unusual or exceed established limits:

"I do solemnly affirm under criminal penalty of a felony for false statements subject to punishments by not less than one year or nor more than twenty years of penal servitude, that the above statements are true and I have incurred the described expenses and mileage usage in the discharge of my official duties." I have not been reimbursed and have not filed nor will I file for reimbursement from any other source, for said expenses.

Traveler Signature:	Approver Signature:	SPA Signature: (Foreign Travel Only)
Date:	Date:	Date: