

DUPLICATE WITHIN 40 DAYS AFTER RECEIVING TRAVEL ADVANCE, OTHERWISE THE ADVANCE SHALL BE SUBJECT TO PAYROLL DEDUCTION.

TRAVEL EXPENSE ACCOUNT

Name of Employee _____ Date _____
 Department _____ Title _____
 Travel To: _____ City _____ State _____ Period _____ To _____ Date _____

Purpose: _____

(1) EXPENSES (Note if expenses are supported by receipt attached)	AMOUNT
TRANSPORTATION:	\$ _____
LODGINGS:	\$ _____
MEALS:	\$ _____
TIPS:	\$ _____
TAXI CABS:	\$ _____
OTHER EXPENSES:	\$ _____
(2) TOTAL EXPENSES:	\$ _____

APPROVED:

I certify that this travel expenses account is correct, that the travel was performed on the dates specified for official business only, and that the expenses were for official business.

Authorized certifying officer

Title

Employee's Signature

(3) AMOUNT ADVANCED ON VOUCHER NO. _____ DATED _____ \$ _____

(4) LESS: Total expenses reported in Line 2 above _____

(5) DIFFERENCE \$ _____

Excess of line 3 over 4 deposited as per copy of Receiving Warrant No. _____ attached.

SHOULD LINE 4 EXCEED LINE 3 ABOVE, COMPLETE PARAGRAPH BELOW

Reimbursement requested for additional funds in connection with expenses in excess of Advance in the Amount of \$ _____ requested on Public Voucher Number _____ Dated _____, 20____.