



TRAVEL & ENTERTAINMENT/GUEST CARE EXPENSE REPORT

		FORM # ▶								
GENERAL	LAST NAME FIRST		ZIP +4 CODE	DEPARTMENT		EXTENSION				
	PURPOSE				ACCOUNT NUMBER					
	DATES (FROM - TO)		CONFERENCE SPONSOR		LOCATION					
PREPAYMENTS ADVANCE	PREPAYMENTS TO		AMOUNT	PREPAYMENTS TO		AMOUNT	TOTAL PREPAYMENTS			
	ADDRESS			ADDRESS			ADVANCE REQUESTED			
INDIVIDUAL/TRIP EXPENSES	ESTIMATED COST		RECEIPTS MUST BE ATTACHED FOR ALL EXPENDITURES ABOVE \$15.00	ACTUAL EXPENSES INCURRED (Including prepayments)						TOTAL
	CHARGEABLE /PREPAID	OUT OF POCKET		DATE/CITY	DATE/CITY	DATE/CITY	DATE/CITY	DATE/CITY	DATE/CITY	
	-	-	Airfare							
			Lodging							
			Taxi, Limousine							
			Mileage ▼ or Car Rental ▼ Miles - X Rate 0.510							
			Registration Fees (Attach brochure)							
			Breakfast							
			Lunch							
			Dinner							
			Alcoholic Beverages (Sub 360)							
			Telephone							
			Parking, Tolls and Tips							
		Other (Including ATM cash advance fees)								
		TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	
			▶ TOTAL ESTIMATED EXPENSES							
ENTERTAINMENT	DATE	PLACE	UNIVERSITY RELATED PURPOSE			PERSONS INVOLVED		TOTAL		
AUTHORIZATION	SUB-ACCT				Sub Account TOTAL must equal Balance Due at right		TOTAL EXPENSES			
	AMOUNT						LESS			
	SIGNATURE OF EMPLOYEE BEFORE TRIP		DATE	SIGNATURE OF EMPLOYEE AFTER TRIP		DATE	LESS			
	REVIEWED & APPROVED BEFORE TRIP		DATE	REVIEWED & APPROVED AFTER TRIP		DATE	PREPAYMENTS			
							BALANCE DUE			

FOR FINAL REIMBURSEMENT, SUBMIT TO BURSAR