



# Out-of-Area Travel Expense Statement

Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Program: \_\_\_\_\_

Purpose: \_\_\_\_\_

## Travel Detail

Date	Time	From	To	Date	Time

**Actual Expenses:** \_\_\_\_\_ Program Account & Number: \_\_\_\_\_

### Room Costs (attach receipts)

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Less Prepaid of \$ \_\_\_\_\_ **Total Room** \$ \_\_\_\_\_

**Registration:** (receipt attached) Prepaid  \$ \_\_\_\_\_

**Per Diem:** \_\_\_\_\_ Quarters x \_\_\_\_\_ rate - prepaid meals \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Meals:** when no Per Diem (receipts attached) \$ \_\_\_\_\_

**Public Transportation:** Plane  Train  Bus  (receipts attached) \$ \_\_\_\_\_

**Mileage:** \_\_\_\_\_ miles x \_\_\_\_\_ rate per mile \$ \_\_\_\_\_

**Odometer Reading:** Start \_\_\_\_\_ End \_\_\_\_\_

**Gas:** (receipts attached) \$ \_\_\_\_\_

**Miscellaneous Transportation:** taxi, shuttles, etc. (receipts attached)

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Parking:** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**Less Advance** \$ \_\_\_\_\_

**Amount to be Reimbursed to Employee:** \$ \_\_\_\_\_

**Amount to be Returned to Agency: Date Paid** \_\_\_\_\_ \$ \_\_\_\_\_

**Signature of Traveler:** \_\_\_\_\_

Date: \_\_\_\_\_

**Director Approval:** \_\_\_\_\_

Date: \_\_\_\_\_