



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: _____