

**EXPENSE
REPORT**

BANNER ID	SSN	TE No.
Name		
Address		
Department	Office Phone	Mail Stop

Send completed forms to Accounts Payable MS 3250
INCOMPLETE FORMS WILL BE RETURNED

Date	Purpose/Destination		Transportation	D	E	Lodging/Registration	D	E	Meals	D	E	Misc	D	E	Explanation of Miscellaneous
	From:	To:	Mileage			Lodging			Bkft						
			Airfare			Reg. Fees			Lnch						
			Other						Dnnr						
	From:	To:	Mileage			Lodging			Bkft						
			Airfare			Reg. Fees			Lnch						
			Other						Dnnr						
	From:	To:	Mileage			Lodging			Bkft						
			Airfare			Reg. Fees			Lnch						
			Other						Dnnr						
	From:	To:	Mileage			Lodging			Bkft						
			Airfare			Reg. Fees			Lnch						
			Other						Dnnr						
	From:	To:	Mileage			Lodging			Bkft						
			Airfare			Reg. Fees			Lnch						
			Other						Dnnr						
	From:	To:	Mileage			Lodging			Bkft						
			Airfare			Reg. Fees			Lnch						
			Other						Dnnr						

TOTAL EXPENSES	Miles	Rate	Mileage	Transport	Lodge/Reg	Meals	Misc	Grand Total
	0	0.455	0.00	0.00	0.00	0.00	0.00	0.00

D = University Paid Directly E = Exception Expense that requires supervisor approval

I certify that the above expenses are true and eligible business expenses in accordance with University policy, and do not include non-permissible expenditures.

Individual Signature	Date	Supervisor Approval	Date	E	Other Approval (if applicable)	Date	E
Grants Comp. Approval (if applicable)	Date	Other Approval (if applicable)	Date	E	Other Approval (if applicable)	Date	E

FOR ACCOUNTS PAYABLE OFFICE USE ONLY				Document No.	
FY	Fund/Org or Index	Acct	Amount	Check Amount	
				Approved By	Entered By

SUBTRACT: UNIVERSITY DIRECT PAY CODE (CODE D TOTALS) 0.00

EQUALS: EXPENSES PAID DIRECTLY BY INDIVIDUAL 0.00

SUBTRACT: TRAVEL ADVANCE(S)

EQUALS: BALANCE DUE INDIVIDUAL UNIVERSITY 0.00

IF NOT FULL REIMBURSEMENT, INDICATE AMOUNT TO PAY (INCLUDING TRAVEL ADVANCES)

FUND/ORG OR INDEX TO CHARGE