



# Travel Authorization/Actual Expense

revised 8/12/22

Expense #: \_\_\_\_\_ Dept. Acct #: \_\_\_\_\_

Employee: \_\_\_\_\_ Travel Destination: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Departure: \_\_\_\_\_ Return: \_\_\_\_\_  
Date Time Date Time

Vehicle to be used: \_\_\_\_\_ No of Employees \_\_\_\_\_ No of Students per Hotel Room: \_\_\_\_\_

Complete the total estimated expenses (LEFT HAND COLUMN) PRIOR TO TRIP. Must have **Expense number** BEFORE travel and a liability form if applicable. Employee must complete the actual expense of travel with all receipts **within five (5) days of last day traveled**. Failure to comply with this could result in travel privileges being revoked.

**BEFORE TRIP:** Fill out this side **SAVE**. Print and give Administrative Assistant

Estimate of Expenses to be incurred:  
 Breakfast \$9 Lunch \$10 Dinner \$17  
 Full Day \$36

	<b>Proposed Expenses</b>
Mileage per Diem	
Number of Miles	
Meals	
Airfare & Baggage	
Lodging	
Registration	
Parking	
Taxi/Rental Car	
Misc/Other	
<b>Sub Total</b>	

**AFTER TRIP:** Open up saved form, fill out the right hand side, print and

**REIMBURSEABLE EXPENSE - ITEMIZED RECEIPTS ATTACHED**

Expenses will only be reimbursed after travel has occurred.

	<b>Actual Expenses</b>
Mileage Per Diem	
Number of Miles	
Meals	
Airfare & Baggage	
Lodging	
Registration	
Parking	
Taxi/Rental Car	
Misc/Other	
<b>Total Expenses</b>	
Less Cash Advance	
<b>Amount Due</b>	

\_\_\_\_\_  
 Employees signature and date

Employee Signature and Date

\_\_\_\_\_  
 Dean/Supervisors Signature and Date