



TRAVEL EXPENSE STATEMENT

Name _____
Address _____
City _____
State _____ **Zip Code** _____

Dates of Travel _____
Purpose of Travel _____
Place of travel _____
Name of Person Driving _____
Other Staff in Same Vehicle _____

TRAVEL			TIME		MODE OF TRAVEL				LODGING SUMMARY	
Date of Travel	Departed From Destination	Arrived at Destination	Time Arrived/Departed	Time Departed/Arrived	Personal Auto	College Car	Airline	Total Miles	Hotel	Cost

Expenses	Amount
Airline Ticket#	

Total _____
Less Travel Advance _____
Balance due _____

I declare and affirm, under the penalties of perjury, that this claim has been examined by me and to the best of my knowledge and belief is in all things true and correct.

 SIGNATURE OF EMPLOYEE / DATE