

AFTER TRIP TRAVEL EXPENSE REPORT

FOR INSTRUCTIONS CONTACT TRAVEL OFFICE

Name (Please Type)		Employee No	Phone Ext.	Date
Title			CHARGE COST OF THIS TRIP TO	
		Bldg/Room No.	Company	Account
				Center

Name and Location (In Sequence) of Each Firm or Agency To Be Visited	For Travel Office Use Only
	Travel Order No. _____
	Approval Amount _____

Date and Time Departed	Date and Time Returned

PLEASE ATTACH ALL RECEIPTS

	SAT	SUN	MON	TUES	WED	THUR	FRI	TOTALS
Date								
Allowable Per Diem								
Allowable Hotel								
Hotel Tax (Domestic Only)								
City Cab								
Taxi, Shuttle, Metro, Etc.								
Car Rental Expenses								
Personal Mileage								
Parking/Tolls								
Rail/Plane								
Telephone								
Registration/Tuition								
Abstract Fee								
Other (Describe Below)								

I HEREBY CERTIFY THAT ALL EXPENDITURES WERE INCURRED IN THE PERFORMANCE OF COMPANY BUSINESS Employee Signature: _____ Date: _____	Total Expenses Less Outside Reimbursement Total Contract Cost Less Advance
Department Manager/Director Approval (Fiscal Approval)	

Signature: _____ Date: _____ Printed Name: _____ Travel funds available within approved budget? Yes No	AMOUNT DUE COMPANY _____ AMOUNT DUE EMPLOYEE _____
Audit Approval	
Signature: _____ Date: _____ Printed Name: _____	

List Detail Of Above Expenditures Here Or On Attached Sheet

Prepared by: _____ Ext. _____ Bldg No. _____

Please submit After Trip Travel Expense Report to Travel Office within two weeks of completion of travel.