Travel Expense Form

Print Form

Date

Name

Mailing Address

City, State, Zip

Department

Trip to/Purpose of Trip

Travel Dates

IMPORTANT:
- Include complete original itemized receipts or other supporting document with request.
- Attach receipts to paper in the order they appear here with subtotals by line.
- Clearly note if only partial reimbursement is requested.
- Attach proof of exchange rate if foreign currency used.

****** Missing receipts or back-up documentation, or failure to complete this form correctly, may result in payment delay.******

Explanation

Account No _____ Amount _____

Account No _____ Amount _____

Account No _____ Amount _____

Account No _____ Amount _____

Advances *(If you previously received a cash advance or reimbursement for this trip, complete this section.)*

Cash Received

Airline Tickets

Registration

Hotel Deposit

Other

*Total Advances

Expenses *(Include all costs for this trip)*

Airfare

Transportation (Train/Bus/Taxi/Uber)

Personal Auto - **attach map** (enter # of miles & it will calculate @ $0.76/mile) $0.00

Auto Rental

Hotel

Registration

Meals

Baggage

Parking/Tolls/Gas

Tips

Miscellaneous

Total Expenses $0.00

*Less Advances

Approved but not funded *(For Deans only)*

Balance Due to Naz/Employee $0.00

APPROVER INFORMATION

Requestor Signature _____ Date _____

Department Head Signature *(required)* _____ Date _____

Dean Signature _____ Date _____

Dir. of Payroll & A/P/Controller Signature _____ Date _____

CONTROLLER'S OFFICE USE ONLY

Faculty/Staff Payments - AP Type 03 - ACH

Last Updated: 7/2026