

# *UNIVERSITY OF THE CUMBERLANDS*

## *TRAVEL EXPENSE REPORT*

FILL OUT THIS FORM WHEN RETURNING FROM YOUR TRIP

Check Payable To: _____	Department to be Charged: _____
Department and Object Code to be Charged: _____ - _____	Where did you go? _____
Why did you go? _____	Recipient ID#: _____
Date Submitted: _____ - _____ - 20____	Note other Attendees on Back of Form

Month:____ Year: ____	Sun__	Mon__	Tue__	Wed__	Thu__	Fri__	Sat__	Total
Room # of rooms x cost =								
Breakfast # of people x cost =								
Lunch # of people x cost =								
Dinner # of people x cost =								
Tips								
Misc. Cost** (please itemize on back)								
Parking Fees								
Tolls								
Taxi, Bus, Train <i>Public Transportation</i>								
Air, Bus, Train <i>Commercial Transportation</i>								
*****								
Mileage:	Start	End	Total Mileage	Cents per mile	Total Mileage Expense			
Personal Vehicle								
College and Enterprise:	Turn all mileage into Bock Building							

**Please Attach all Receipts over \$7.00.**  
**Please list all attendees on back of this form.**  
**\*\*No professional membership or equipment should be reported in MISC cost.**

<b>TOTAL EXPENSE</b>	\$
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**Please fill out both sides.**

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Requested By \_\_\_\_\_ Date \_\_\_\_\_ Department Head Approval \_\_\_\_\_ Date \_\_\_\_\_

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Vice President Approval \_\_\_\_\_ Date \_\_\_\_\_ Business Office Approval \_\_\_\_\_ Date \_\_\_\_\_

