

## AUBURN UNIVERSITY AT MONTGOMERY TRAVEL EXPENSE REPORT

Name \_\_\_\_\_ Vendor Number \_\_\_\_\_ User Name \_\_\_\_\_  
 Address \_\_\_\_\_ Department Name \_\_\_\_\_  
 City \_\_\_\_\_ Department Address \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Dept. Phone \_\_\_\_\_ Preparer \_\_\_\_\_

Account Name	Fund	Org	Account	Prog	Activity	Location	Amount

Purpose of trip: \_\_\_\_\_

Itinerary: \_\_\_\_\_

Expense Item	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
<b>Date</b>								
Departure Time								
Return Time								
Miles Driven								
Mileage Reim (\$)								
<b>In State</b>								
Meal allowance								
Per Diem								
<b>Out of State</b>								
Breakfast*								
Lunch*								
Dinner*								
Lodging**								
<b>Other</b>								
Airfare**								
Rental Car**								
Taxi, Bus, Parking**								
Registration Fees**								
Guest Meals***								
<b>Misc (Specify)</b>								
<b>Total</b>								

Were any expenses associated with this travel paid directly by the department? List amount and manner of payment below.

Expense Item	Amount	Doc/Check #	Purchasing Card Date	Other (please explain)

Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_

I certify that this is a true and accurate report of expenses incurred by me while traveling on official AUM business.

\* itemized receipts required if day's total exceeds \$34

\*\* original itemized receipts required

\*\*\* provide business purpose, place of meeting, names and relationship to AUM

If an error is found, the necessary adjustment may be made to this request at the discretion of Financial Services. This reimbursement will be deposited directly into your bank account on file.

Direct Supervisor Approval \_\_\_\_\_

Department Head/Dean/Director Approval \_\_\_\_\_

Direct Supervisor Approval \_\_\_\_\_