

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
							0.00

Purpose of trip: _____

Itinerary: _____

Expense Item	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Date								
Departure Time								
Return Time								
Miles Driven								0
Mileage Reim (\$)								0.000
In State								
Meal allowance								0.00
Per Diem								0.00
Out of State								
Breakfast*								0.00
Lunch*								0.00
Dinner*								0.00
Lodging**								0.00
Other								
Airfare**								0.00
Rental Car**								0.00
Taxi, Bus, Parking**								0.00
Registration Fees**								0.00
Guest Meals***								0.00
Misc (Specify)								
								0.00
								0.00
								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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 _____