## AUBURN UNIVERSITY AT MONTGOMERY TRAVEL EXPENSE REPORT

Itinerary:	Name				or Numb	oer	User Name				
State Zip Dept. Phone Programmer Account Name Fund Org Account Programmer Account Name Fund Org Account Programmer Account Name Fund Org Account Programmer Amount Programmer Amount Name Fund Org Account Programmer Amount Name Fund Org Account Programmer Amount Name Programmer Name Name Name Name Name Name Name Name					Department Name						
Account Name Fund Org Account Prog Activity Location Amount    Fund   Fu	City	Depa	Department Address								
Account Name Fund Org Account Prog Activity Location Amount    Fund   Org   Account   Prog   Activity   Location   Amount	State Zip	Dept.	Dept. Phone		Preparer						
Purpose of trip:    Itinerary:			Fund C	<u> </u>							
Itinerary:											
Itinerary:											
Itinerary:   Itinerary:											
Expense Item   Sunday   Monday   Tuesday   Wednesday   Thursday   Friday   Saturday   Total										0.0	
Expense Item Sunday Monday Tuesday Wednesday Thursday Friday Saturday Total  Departure Time Departure Time Miles Driven Miles Driven Mileage Reim (\$) In State Meal allowance Per Diem Out of State Breakfast* Lunch* Dinner* Lodging** Other Airfare** Registration Fees** Registration Fees** Registration Fees** Registration Fees** Registration Fees** Miles Driven Miles Dr	Purpose of trip: _									_	
Departure Time Return Time Return Time Miles Driven Miles greim (\$)  In State Meal allowance Per Diem Out of State Breakfast* Lunch* Dinner* Lodging** Other Airfare** Return Time Mise Specify)  Total Departure Time Departure Time Departure Time Departure Time Departure Time Departure Time Doc/Check # Purchaning Card Dates Dates Departure Time Doc/Check # Purchaning Card Dates Dates Dates Dates Dother Other Other Departure Time Departure Time Doc/Check # Purchaning Card Dates Dates Dates Dates Dates Dates Doc/Check # Purchaning Card Dates Da	Itinerary:		<del> </del>				<del></del>			_	
Departure Time   Return Time   Miles Driven   State	Expense Item	Sunday	Monday	Tuesday	Wedr	nesday	Thursday	Friday	Saturday	Total	
Return Time   Miles Driven   Miles	Date										
Miles Driven         0.           Mileage Reim (\$)         0.           In State         0           Meal allowance         0           Per Diem         0           Out of State         0           Breakfast*         0           Lunch*         0           Dinner*         0           Lodging**         0           Other         0           Airlare**         0           Rental Car**         0           Taxi, Bus, Parking**         0           Registration Fees**         0           Guest Meals***         0           Misc (Specify)         0           Total         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.         Doc/Check #         Purchasing Card Date         Other (please explain)	Departure Time										
Mileage Reim (\$)	Return Time										
In State	Miles Driven									С	
Meal allowance	Mileage Reim (\$)									0.000	
Per Diem	In State										
Out of State         Breakfast*         0           Lunch*         0           Dinner*         0           Lodging**         0           Other         0           Airfare**         0           Rental Car**         0           Taxi, Bus, Parking**         0           Registration Fees**         0           Guest Meals****         0           Misc (Specify)         0           Total         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         Other (please explain)	Meal allowance									0.00	
Breakfast*	Per Diem									0.00	
Lunch*											
Dinner*										0.00	
Dotal   Dotal   Dotal   Dotal   Dotal   Dotal   Date   Dotal   Date	Lunch*									0.00	
Other         Airfare**         0           Rental Car**         0           Taxi, Bus, Parking**         0           Registration Fees**         0           Guest Meals***         0           Misc (Specify)         0           Total         0.00         0.00         0.00         0.00         0.00         0.00         0           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)										0.00	
Airfare**										0.00	
Rental Car**  Taxi, Bus, Parking**  Registration Fees**  Guest Meals***  Misc (Specify)  Total  Onumber 2											
Taxi, Bus, Parking**										0.00	
Registration Fees**  Guest Meals***  Misc (Specify)  Total  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)										0.00	
Guest Meals***  Misc (Specify)  Total  Output										0.00	
Misc (Specify)  Total  O.00  Other (please explain)										0.00	
Total 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.										0.00	
Total 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	MISC (Specify)									0.00	
Total 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.										0.00	
Total 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.										0.00	
Were any expenses associated with this travel paid directly by the department? List amount and manner of payment below.  Expense Item	Total	0 00	0.00	0.00	0	0 00	0.00	0 00	0 00	0.00	
Expense item Amount Doc/Cneck # Date Other (please explain)					he depar	tment? I				0.00	
	Expense	Item	Amount	Doc/Check #							
Signature of Claimant Date	Signature of Claim	ant	Date				Diversit O:				
I certify that this is a true and accurate report of expenses incurred by me while traveling on official AUM business.  Department Head/Dean/Director Approval	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  Direct Supervisor Approval	** original itemized re										

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.