|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Travel Expenses | | | | | | | | | | |
| Name |  | | | | | Employee ID |  | | | |
| E-mail |  | | | | | Department |  | | | |
| Purpose |  | | | | | Approved by |  | | | |
| Trip hours | | Dates | Hours | | | How spent | | | | |
|  | |  |  | | |  | | | | |
|  | |  |  | | |  | | | | |
|  | |  |  | | |  | | | | |
|  | |  |  | | |  | | | | |
| Expenses | | Dates | Details | | | | | | | Amount |
| Transportation | |  | Air | Taxi | Rental car | | | | Other | $ |
|  | |  | Air | Taxi | Rental car | | | | Other | $ |
|  | |  | Air | Taxi | Rental car | | | | Other | $ |
|  | |  | Air | Taxi | Rental car | | | | Other | $ |
| Own car | |  | Mileage | | | | | | | $ |
| Lodging | |  | Location | | | | | | | $ |
|  | |  | Location | | | | | | | $ |
|  | |  | Location | | | | | | | $ |
|  | |  | Location | | | | | | | $ |
| Meals | |  | (Not to exceed $50/day) | | | | | | | $ |
|  | |  | (Not to exceed $50/day) | | | | | | | $ |
|  | |  | (Not to exceed $50/day) | | | | | | | $ |
|  | |  | (Not to exceed $50/day) | | | | | | | $ |
| Conference fees | |  | Purpose | | | | | | | $ |
|  | |  | Purpose | | | | | | | $ |
| Other | |  | Purpose | | | | | | | $ |
|  | |  | Purpose | | | | | | | $ |
|  | |  | Purpose | | | | | | | $ |
|  | |  | Purpose | | | | | | | $ |
| Subtotal | | | | | | | | | | $ |
| Less amount paid by company | | | | | | | | | | $(     ) |
| Total amount owing to employee | | | | | | | | | | $ |
| Signature | | | | | | | | Date | | |
|  | | | | | | | |  | | |

Please attach receipts for all listed expenses, sign the form and send to the Accounting Department.

