Capital University
1 College and Main
Columbus, OH 43209

Travel Expense Report

Purpose and/or destination of trip or expense: _____

_____

_____

Name: _____

Address: _____ Dept. name to be charged: _____

City/State: _____ Acct. to be charged: _____

www.gsa.gov

M & IE City
Lodging
Breakfast
Lunch
Dinner
Incidentals

Date	Explanation	Auto Mileage	Other Trans.	Lodging	Breakfast	Lunch	Dinner	Tips	Misc.	Misc Expl.	Total
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
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											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
	Total Mileage Cost	$0.00	*Other Trans.*	*Lodging*	*Breakfast*	*Lunch*	*Dinner*	*Tips*	*Misc.*	**Mileage Cost**	$0.00
	$.535/mile	**Subtotals**	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**Total Cost**	$0.00

Summary

Total Expenses (1)	$0.00
University	
Credit Card Charges	
Date / Amount	
CC Total (2)	$0.00
Cash Advances	$0.00
Date / Amount	
Advances Total (3)	$0.00
Balance Due:	
Me	
University	

A) Lodging bills, airline tickets and credit card slips are required to be attached.
B) A brief explanation for the reason for incurring the expense is required when expenses for others are included.
C) Use the back of this report for explanations if necessary. Reference the date.

I hereby certify that this is a true statement of expenses incurred_____
(Signature)

Approved for payment:_____ (Dept. Head) Date:_____ Vice President if over $1000 _____

Approved by Finance:_____ Paid:_____ Check No.:_____

updated 1/1/17