THE UNIVERSITY OF AKRON

TRAVEL EXPENSE REPORT

NAME | Charge Dept/Special Fund:

EMPLID | DATES - from to

ADDRESS

PURPOSE

LIST EXPENSES BY DAYS IN SEPARATE COLUMNS - IF MORE THAN FIVE DAYS USE ADDITIONAL SHEETS WITH ONE TOTAL

	DATES						
TIME OF DEPARTURE AND TIME OF RETURN MUST BE SHOWN IN ORDER TO ESTABLISH MEAL ELIGIBILITY	Time Depart						
	Time Return						TOTAL
COMMERICAL TRANSPORTATION - Attach receipts							
Plane to							$0.00
to							$0.00
Other to							$0.00
to							$0.00
LOCAL TRANSPORTATION (Mileage) at current rate							
From to miles							$0.00
From to miles							$0.00
From to miles							$0.00
From to miles							$0.00
I am ☐ ; am not ☐ covered by personal vehicle insurance							
Insurance - Name of Co.							
LODGING - List and attach receipted bills							$0.00
MEALS - If for more than one person show (No.)							
Breakfast							$0.00
Lunch							$0.00
Dinner							$0.00
Special - Banquet, etc., - attach receipt or program							$0.00
OTHER - Telephone, Registration, Etc. (Explain)							
							$0.00
							$0.00
							$0.00
							$0.00
DAILY TOTALS	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00

REMARKS OR EXPLANATIONS

ADVANCE	$0.00
AMT. CLAIMED	**$0.00**
AMT. RETURNED	**$0.00**

I hereby certify that the expenses as detailed above have actually been incurred by me and are proper reimbursable items. In addition, I certify that all prepayments made through the University are shown in memo form herein. I also certify that no expenses are included above for alcoholic beverages.

SIGNED _____ Date 9/23/2009 Telephone Ext. _____ ZIP + _____

CHARGE ACCOUNTING CODE(S)

APPROVED _____
Department Head

AMOUNT APPROVED

$

APPROVED _____
Dean or Vice President (when required, see instructions)