

Travel Expense Report

Effective August 5, 2024

- Direct deposit - *required for faculty/staff and regular vendors*
- Cash Send check to address below
- Check I will pick up the check

Date: _____ Date to be paid: _____

Pay to: _____

Address: _____

Trip to: _____

Charge to: Dept. name _____ AND

Account No. _____

Project Code: _____

Personal Vehicle Expenses:

Auto mileage _____ miles @ .54 = \$ _____

If no GC Car available* @ .64 = \$ _____

*Physical Plant Approval signature _____

Travel fare: Air Bus Rail \$ _____

Car Rental \$ _____

Parking fee/toll/gasoline \$ _____

Lodging expenses, meals w/ tips \$ _____

Other (itemize) \$ _____

\$ _____

Total expenses (Original receipts must be attached) \$ _____

Less advance: ID/Acct # _____ \$ _____

Balance due you/College \$ _____

Signature: _____

Departmental Supervisor Approval: _____

Reminder: Reimbursements for less than \$50 are issued in cash from the cashier

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