

# Travel Expense Statement

Name: \_\_\_\_\_ College ID: J \_\_\_\_\_ Department: \_\_\_\_\_

Date							Total
from							
Travel -----							
to							
Auto Mileage							
Tolls							
Rail or Air Fare							
Local Fares							
Hotel							
Meals							
Conference Fees							
Other							
<b>Grand Total</b>							

Cash Advanced - Date	
Balance Due: (Grand Total - Cash Advanced)	

I certify that the expenses listed above were incurred in carrying out work for the College.

Fund-Org.-Acct.-Prog. \_\_\_\_\_  
 Traveler \_\_\_\_\_ Date \_\_\_\_\_  
 Approved By \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Must attach the approved Travel Authorization Request Form.

**NOTE:** Must attach per/diem rate information sheet.

**NOTE:** Must attach exception memo if applicable.

**Incomplete expense statements may be rejected**