



Travel Expense Report

(Please print or type)

Payroll Use Only

Date _____

Name _____

Mail To: Address _____

I.D. Number _____

City, State, Zip _____

Check One: Faculty / Staff Student Non Pacific Union College Employee

Before completing this report see instructions on reverse side

Date	To or From Where and Nature of Trip	Other Expenses		Meals or Per Diem	Lodging	Auto Expenses			Fare
		Description	Amount			Mileage	Rate	Amount	
(Please attach actual receipts)			Subtotal						

CHARGE:

Instructional (Depts. 001-199)	Total _____
Conventions 0 1 - ____ - 0 - 7 0 - 0 - 9 4 1 0 - 0 0	_____
Travel 0 1 - ____ - 0 - 7 0 - 0 - 9 4 3 0 - 0 0	_____
Other 0 1 - ____ - 0 - 7 0 - 0 - _____ - ____	_____
Administrative, Auxiliary and Services (Depts. 200-799)	
Travel and Conventions 0 1 - ____ - 0 - ____ - 0 - 9 4 3 5 - 0 0	_____
Other 0 1 - ____ - 0 - ____ - 0 - _____ - ____	_____
Other 0 1 - ____ - 0 - ____ - 0 - _____ - ____	_____
Other 0 1 - ____ - 0 - ____ - 0 - _____ - ____	_____
Graduate Study or Moving Expenses	
Prepaid 0 1 - 0 0 0 - 0 - 1 0 - 0 - 3 1 3 ____ - ____	(Dr.) _____
Clearing 0 1 - 0 0 0 - 0 - 1 0 - 0 - 3 1 3 ____ - 9 9	(Cr.) _____
Expense (Graduate Study) 0 1 - 3 0 3 - 0 - 7 7 - 0 - 9 7 3 0 - 0 1	(Dr.) _____
Expense (Moving) 0 1 - 5 9 9 - 0 - 8 0 - 0 - 9 7 4 7 - 0 0	(Dr.) _____

I certify that the expenses reported above represent actual out-of-pocket expenses incurred by me. **Total** _____

Date Signature Administrative Officer

Department Head Financial Administration Approval

