

THE UNIVERSITY OF AKRON TRAVEL EXPENSE REPORT

NAME _____ Charge Dept/Special Fund: _____
 EEMPLID _____ 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
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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 + _____

APPROVED _____
Department Head

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

AMOUNT APPROVED
 \$ _____

CHARGE ACCOUNTING CODE(S)
