EMORY UNIVERSITY ACCOUNTS PAYABLE OFFICE TRAVEL EXPENSE REPORT

Type or print leg	gibly_									
Name of Traveler:						Dept. Name:				
Employee ID #:						Dept. # / Subdept:				
Campus Address:						Destination:				
					T	rip Date: from:	/	1	to: _/	
Is this payment t	o or or be	half of a	non-U.S. citizen o	r non						
permanent reside If YES, you must	ent? YES use Form ent Aliens	4. See the		nents	_	re you on Direc				
				EX	PENSE D	DETAILS				
	Receipts Attached YES NO		Total Expenses	Expenses Charged on Travel Card		Less Prepaid Expenses		let enses	CHECK DISPOSITION Direct DepositPickup B. Jones Bldg., 1st Floor	
Airfare	*		\$	\$		\$	\$		U.S. Mail Campus Mail	
Auto Rental	*								Cumpus Mun	
Personal Auto									Mileage =	
Lodging	***								Xcents \$	
Meals/Tips	**								Ψ	
Taxi/Limo/Bus	**									
Telephone	*								Account Number to be Charged	
Parking	**								6100	
Miscellaneous	**								6100 6100	
Subtotal Travel									****	
Registration Fee	*								6600 6510	
Alcoholic Bev.	**									
Totals			\$	\$		\$	\$			
			Less	Travel A	dvance Re	eceived:	\$ <	>		
Amount Due Traveler:							\$			
Amount Due University: \$										
Additional Information:										
									any single charge over \$25.00 led in this Travel Report.	
Traveler's Signa	iture:									
Approved By:						Date				
Approver's Signature:										
Phone Number:							Date			
			iries to A/P Trav							
	stration Fees Pre vidual Items Ove			_		Accou	ints Payable Use Only			
*** Receipts Req	An mai l Receip	ts Required	zi \$23.00		Pre-Audit: Post Audit:					
****Foreign Travel (6200) OGCA Review:										
Processed By:										