Purc	hase (Ord	ler#

The Catholic University of America Travel/Entertainment Expense Report

Corporate Card Holder	Yes		_ No			•							
Traveler's Name:													
Campus Address:			De	ept					_	Phone #:			
Dates:				ınt:					_	Amount:		-	
Business Purpose of Travel (Re	equired):												
	Atto	oh Organ	ized Receipts	(in accor	dance	with	Trov	ol Policy	`				
			boxes is form										
	Text I	II yellow t	DOXES IS TOTTING		una 5	llouid	1101 0		1.	Paid by	T		
Dates	•									CUA Directly	7	Total	
Air/Rail											\$	-	
Rental Auto												-	
Personal Auto (see below)												-	
Lodging												-	
Meals (see next page)												-	
Conference Fees												-	
Taxi/Bus/Limousine												-	
Parking/Tolls												-	
Telephone												-	
Other (see next page)												-	
Total Expenses										-		-	
Less Travel Advance (and item	s paid directly	by CUA)					Trav	el Advanc	e Amount	_		-	
Total Due Traveler											\$	-	
Balance Due CUA (attach chec	ek)										\$	-	
I certify that all expenditures si	nown on this fo	orm were inc	curred on behalf o	of The Catho	lic Univ	ersity o	f Amei	rica.					
I also certify that I am familiar that this report is conformance	with all of the	University's				-			nce/finance	e/Travel/trave	el.cfm) and	
Traveler's Signature:		5 F5-						Date:					
Print Traveler's Name:								_					
Authorizing Signature*:								Date:					
Print Authorizing Name: * According to University policy, be used.	travel should be	authorized by	v the VP, Dean, Dep	partment Cha	irperson	, Directo	or or Pr	- incipal Inves	tigator respo	onsible for the	travel	budget to	
ORIGINAL RECEIPTS ARI and dollar thresholds)	E REQUIRED Travel Policy		el Policy for exce	eptions relate	d to Me	al/Incid	lental p	er diem rei	mbursemen	t			
			nize by Day										
(mileage rate b	eginning <mark>Janua</mark>	ry 2013 for p	personal vehicle us	se is .565 per \$/Miles	mile) (see			7					
Date	То	From	Miles	note a	bove)	Total]					
				\$	0.57	\$	-	-					
				\$ \$	0.57		-	-					
				\$	0.57		-	1					

TRAVEL/ENTERTAINMENT RELATED MEAL EXPENSE - IRS regulations require the following:

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\$

\$

\$

\$

0.57

0.57

0.57

0.57

- 1) the reason for the meal and business benefit expected to be gained; (Business purpose listed above for entire trip is sufficient for personal travel meals)
- 2) the name and occupation or other information about the person(s) for whom the meal expense is being claimed in order to support the business-related nature of the meal.
- 3) If per diem reimbursement is used, see Travel Policy for guidelines and specific rates to be used. Per diem and actual reimbursement for personal meals cannot be combined in one trip, but group business meals can be listed separately with an appropriate reduction in the daily per diem rate. To comply with these regulations we ask that you provide the information requested.

Personal Travel Meals

(Group Business Entertainment meals can be listed separately in the section below)

http://www.gsa.gov/portal/category/21287 Domestic Per Diem Rates (GSA): http://aoprals.state.gov/web920/per_diem.asp Foreign Per Diem Rates (State Dept):

Date	Please specify either "Actual" or "Per Diem" method	Other Notes	Meal (for actual reimbursement only)	Cost
			Breakfast	\$ -
			Lunch	-
			Dinner	-
			Breakfast	-
			Lunch	-
			Dinner	-
			Breakfast	-
			Lunch	-
			Dinner	-
			Breakfast	-
			Lunch	-
			Dinner	-
			Breakfast	-
			Lunch	-
			Dinner	-
			Total	\$ -

ADDITIONAL COPIES OF THIS PAGE MAY BE ADDED FOR LONGER TRIPS.

Group Business Entertainment Meals

Date	Business Purpose	With Whom/Explanation	Cost	
			\$ -	
			1	
			-	
			-	
			1	
			ı	
			-	

Total \$

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Other Expenses

Date	Description		Amou	nt
		Total	\$ -	

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