

# Bucknell

*Finance Office*

## Travel Expense Report

Return to the Office of Finance within two weeks with original receipts attached.

|                                  |                                          |
|----------------------------------|------------------------------------------|
| <b>Name</b>                      | <input style="width: 95%;" type="text"/> |
| <b>Travel Destination</b>        | <input style="width: 95%;" type="text"/> |
| <b>Purpose of Travel</b>         | <input style="width: 95%;" type="text"/> |
| <b>Departure Date &amp; Time</b> | <input style="width: 95%;" type="text"/> |
| <b>Return Date &amp; Time</b>    | <input style="width: 95%;" type="text"/> |

**Record all expenses, including American Express charges, Travel Card charges, and airfare paid separately.**

|                                                                                            |                                          |
|--------------------------------------------------------------------------------------------|------------------------------------------|
| Airfare                                                                                    | <input style="width: 95%;" type="text"/> |
| Rail                                                                                       | <input style="width: 95%;" type="text"/> |
| Privately Owned Auto <input style="width: 50px;" type="text"/> Miles @ 48.5 cents per mile | <input style="width: 95%;" type="text"/> |
| Other (itemize) <input style="width: 95%;" type="text"/>                                   | <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/>                                                   | <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/>                                                   | <input style="width: 95%;" type="text"/> |

**Expenses Recorded on Daily Expense Worksheet**

|                                                                                             |                                                                                 |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Taxi, Subway or Bus                                                                         | <input style="width: 95%;" type="text"/>                                        |
| University Owned Auto (gasoline, oil, or other car expenses; <u>do not</u> include mileage) | <input style="width: 95%;" type="text"/>                                        |
| Parking and tolls                                                                           | <input style="width: 95%;" type="text"/>                                        |
| Lodging                                                                                     | <input style="width: 95%;" type="text"/>                                        |
| Meals                                                                                       | <input style="width: 95%;" type="text"/>                                        |
| American Express/Travel Card Expenses                                                       | <input style="width: 95%;" type="text"/>                                        |
| Personal Charges                                                                            | <input style="width: 95%;" type="text"/>                                        |
| Signature <input style="width: 95%;" type="text"/>                                          | <b>Total</b> <input style="width: 95%;" type="text"/>                           |
| BU ID / SSN / ITIN <input style="width: 50px;" type="text"/>                                | <b>Deduct Personal Charges</b> <input style="width: 95%;" type="text"/>         |
| Address <input style="width: 95%;" type="text"/>                                            | <b>Total Bucknell Costs</b> <input style="width: 95%;" type="text"/>            |
| <input style="width: 95%;" type="text"/>                                                    | <b>Deduct Expenses Paid Separately</b> <input style="width: 95%;" type="text"/> |
| Date <input style="width: 95%;" type="text"/>                                               | <b>Total (charge to FOAPAL)</b> <input style="width: 95%;" type="text"/>        |
| Approval <input style="width: 95%;" type="text"/>                                           | <b>Deduct Advance Received</b> <input style="width: 95%;" type="text"/>         |
|                                                                                             | <b>Due Staff Member</b> <input style="width: 95%;" type="text"/>                |
|                                                                                             | <b>Due Bucknell (Pay Cashier)</b> <input style="width: 95%;" type="text"/>      |

**FOAPAL to Charge**

| Fund/Orgn Number                         | Fund/Orgn Name                           | Acct                                     | Activity (Optional)                      | Amount                                   |
|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

# Bucknell

*Finance Office*

## Daily Expense Worksheet

Return to the Office of Finance within two weeks with Travel Expense Report.

| Date                   | Taxi, Subway,<br>or Bus | Univ.<br>Owned Auto | Parking<br>& Tolls | Lodging | Meals | Amex/Travel<br>Card Expense | Personal<br>Charges | Total |
|------------------------|-------------------------|---------------------|--------------------|---------|-------|-----------------------------|---------------------|-------|
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
|                        |                         |                     |                    |         |       |                             |                     |       |
| <b>Worksheet Total</b> |                         |                     |                    |         |       |                             |                     |       |