

Entered by Accounts Payable:

TR #

[Click Here for Word Version of Form](#)

Delgado
COMMUNITY COLLEGE
TRAVEL EXPENSE ACCOUNT

RECEIPTS MUST BE ATTACHED as required by state travel regulations.

Choose One: [Form A](#) is attached for ROUTINE FIELD TRAVEL [Form B](#) is attached for CONFERENCE TRAVEL

Budget Code

Phone Number

Name

Departure Dates

Home Address

Destination

City/State/Zip

Work Domicile (regular campus/site)

Choose one: Mail Check to Home Address Hold Check/Call for Pick-up

EXPENSE SUMMARY

Air Fare (if not pre-paid) \$

Remarks/Explanation of Unusual Items:

Lodging \$

Meals \$

Mileage* # of Miles \$ (.51 x mi.)

*Personal vehicle mileage is reimbursed at [a rate set by the Office of State Travel](#). Current rate is 51 cents per mile, maximum of 99 miles per round trip and/or day.

Other Expenses \$

\$ SUBTOTAL

\$ Less Travel Advance (if applicable)

\$ TOTAL REIMBURSABLE COSTS

Certification of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

Signed By: _____ Date: _____ Title:

Certification of Budget Unit Head

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

Signed By: _____ Date: _____ Title:

Dean/Executive Dean/Vice Chancellor Date
(As appropriate)