



**TRAVEL EXPENSE REPORT**  
 Lewis and Clark Community College, District #536  
 Godfrey, Illinois

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

Colleague ID, SSN or FEIN: \_\_\_\_\_ Expenses incurred during the month of: \_\_\_\_\_

Travel expense reports should be submitted monthly and forwarded to accounting within five (5) calendar days after the end of the month.

Itemized Expenses for Each Day (per attached receipts)

**All expenses are for Professional Development (PD) – Please check box**

Date	Purpose	City	Number Attended	Miles	Travel Cost*	Lodging	Meals			Other	TOTAL
							B	L	D		

Travel expenses for the month ..... \$ \_\_\_\_\_

Deduct Amount Paid Directly by the College ..... \$ \_\_\_\_\_

Deduce Advance if obtained ..... \$ \_\_\_\_\_

**Amount of Reimbursement** ..... \$ \_\_\_\_\_

Approved \_\_\_\_\_ Sign \_\_\_\_\_ Traveler

Manager/Assistant Director

Approved \_\_\_\_\_ Approved: \_\_\_\_\_

Director, Dean and/or Vice President

Vice President, CFO, CTO and/or President