

LOYOLA MARYMOUNT UNIVERSITY TRAVEL EXPENSE REPORT

NAME	DEPARTMENT/OFFICE	CAMPUS/BUILDING	PHONE EXTENSION
PURPOSE OF TRAVEL			
DATE			TOTALS
CITY			
1. Air/Train Fares			\$0.00
2. Breakfast			\$0.00
3. Lunch			\$0.00
4. Dinner			\$0.00
5. Hotel/Lodging			\$0.00
6. Ground Transportation			\$0.00
7. Personal Auto Reimb.			\$0.00
8. Parking			\$0.00
9. Registration			\$0.00
10. Telephone			\$0.00
11. Other			\$0.00
12. TOTAL EXPENSES	\$0.00	\$0.00	\$0.00

PAYMENT BY: CASH CHECK LESS: TRAVEL ADVANCE REQUEST # _____ ()

DIRECT DEPOSIT 13. NET DUE TO TRAVELER \$0.00

MAILING ADDRESS: _____ OR 13. NET DUE TO L.M.U. (ATTACH CHECK PAYABLE TO "L.M.U.") (\$0.00)

Street

CA

City State Zip

ITEM #	DATE	AMOUNT	EXPLANATIONS (REQUIRED FOR ITEMS 6,7, 11)

BUDGET ACCOUNT #	AMOUNT
TOTAL (must equal 13, above)	\$0.00

RECEIPTS ARE REQUIRED FOR ALL ITEMS EXCEPT TIPS

I hereby certify that the expenses reported above are, to my knowledge, true and correct and were incurred by me in the performance of University business.

EMPLOYEE SIGNATURE _____

DATE _____

OFFICE/DEPT. HEAD APPROVAL _____

DATE _____