

## Travel Expense Report (Out-of-State Long Form) COMPTROLLER'S OFFICE

Name of Tr	aveler:						-	Encumbranc	e & FOAP:						
Traveler Ver	ndor A-Number:						-	School/Div &	k Dept:						
Phone Num	nber (10 digits):						_	Email Addres	ss:						
INSTRUCTIO	NS: Fill out each ap	plicable section. Ho	andwritten, in	complete, o	r unsigned/da	ted forms will	be returned.								
	nary (must include ¡ and date range)	ourpose,													
Date mm/dd/yyyy	Location -	City & State		Mileage Rate	Mileage Reimb Amount	Lodging	Meals & Incidentals (Per Diem)				Total Meal	Transportation & Other Expens		Expenses	es
	From	То	Mileage				Breakfast	Lunch	Dinner	Incidentals	Allowance Claimed	Description	Amount	Daily Expense	
						1			-	-					
						1			-	-					
									-	1					
	TOT	AL TRAVEL EXPENS	ES			1			-	-					
				ADVANCE	RECEIVED AN	D/OR EXPENS	SES PREPAID	BY UNIVERSITY	Y THAT ARE	CLAIMED ABO	OVE				
Advance	vance Public Transportation (Air, Bus, Train, etc.)			Registration			Other (describe):								
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						<u> </u>								1	
Traveler's Signature					Date										
naverer 3 Jigilature					Date										
Supervisor's Printed Name					Date			Supervisor's Signature						Date	
Vice Presiden	t's Printed Name (if re	Date		-	Vice President's Signature (if required)					Date					
22															
Other Approv	ver's Printed Name (if		Date		<u>-</u>	Other Approver's Signature (if required)						Date			