COMPTROLLER'S OFFICE Travel Expense Report (In-State Long Form)																
Name of Traveler:																
Traveler Vendor A-Number:									_	School/Div & Dept:						
Phone Number (10 digits):									_	Email Addr	ess:					
INSTRUCTIC	DNS: Fill ou	ıt each ap	plicable	section	n. Hanc	dwrit	tten, in	complete, d	or unsigned/da	ited forms wi	II be returned					
Travel Sum			purpose	,												
location(s),	1										1					
Date mm/dd/yyyy	Tii <i>(Day Tri</i> Depart	ne ps Only) Return	Location (City)					То	Mileage	Rate (updated annually)	Mileage Reimb Amt	Per Diem	Other Expense Description Amount		Daily Expense	
	Depart Return		From											Amount		
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LESS ADVANCE RECEIVED							LCLIV	LD AND/O				Other				
Advance Public Transportation (Air, Bus, Train, etc.)								Registration	(list in notes below)							
Traveler's Signature								Date		-						
Supervisor's Printed Name								Date		Supervisor	s Signature			Date		
										5426111301	Supervisor's Signature					
Vice Presiden	t's Printed N	lame (if ree	quired)					Date		Vice Presid	Vice President's Signature (if required)				Date	

Other Approver's Signature (if required)

Date

Date

Other Approver's Printed Name (if required)