



COMPTROLLER'S OFFICE

Travel Expense Report (Out-of-State Long Form)

Name of Traveler: _____
Traveler Vendor A-Number: _____
Phone Number (10 digits): _____

Encumbrance & FOAP: _____
School/Div & Dept: _____
Email Address: _____

INSTRUCTIONS: Fill out each applicable section. Handwritten, incomplete, or unsigned/dated forms will be returned.

Travel Summary (must include purpose, location(s), and date range)

Table with columns: Date, Location - City & State (From, To), Mileage, Mileage Rate, Mileage Reimb Amount, Lodging, Meals & Incidentals (Per Diem) (Breakfast, Lunch, Dinner, Incidentals), Total Meal Allowance Claimed, Transportation & Other Expenses (Description, Amount), Daily Expense.

Table with columns: Advance, Public Transportation (Air, Bus, Train, etc.), Registration, Other (describe):

Traveler's Signature _____ Date _____
Supervisor's Printed Name _____ Date _____
Vice President's Printed Name (if required) _____ Date _____
Other Approver's Printed Name (if required) _____ Date _____

Supervisor's Signature _____ Date _____
Vice President's Signature (if required) _____ Date _____
Other Approver's Signature (if required) _____ Date _____