



**Alabama A&M University
Travel Expense Report**

Name of Traveler: _____
 Traveler Vendor (A) Number: _____
 Phone Number: _____

Encumbrance & FOAP: _____
 School/Division & Department: _____
 Email Address: _____

Travel Location:		Travel Purpose:														
IN-STATE TRAVEL EXPENSES																
Date	Time (Day Trips Only)		Location-City & State		Mileage	Rate	Mileage Reimb Amt	Per Diem (Requires overnight stay)	OR	Meals (Qualifying Day Trip)	Other Expense					Daily Expense
	Departure	Return	From	To							Type	Amount				
TOTAL IN-STATE TRAVEL EXPENSE																
OUT-OF-STATE TRAVEL EXPENSE or IN-STATE INDIVIDUAL/STATE DUES PAYING MEMBER																
Date	Location - City & State		Mileage	Mileage Rate	Mileage Reimb Amount	Lodging	Meal Allowance			Total Meal Allowance Claimed	Other Expenses		Transportation			Daily Expense
	From	To					Breakfast	Lunch	Dinner		Expense Type	Amount	Air/Train/Bus	Car Rental	Shuttle/Taxi	
TOTAL OUT-OF-STATE TRAVEL EXPENSE											TOTAL TRAVEL EXPENSE					
LESS ADVANCE RECEIVED AND/OR EXPENSES PREPAID BY UNIVERSITY																
Advance		Public Transportation (Air, Bus, Train, etc.)				Registration										

Traveler's Signature _____ Date _____

Supervisor's Printed Name _____ Supervisor's Signature _____ Date _____

Vice President's Printed Name (if required) _____ Vice President's Signature (if required) _____ Date _____

Other Approver's Printed Name (if required) _____ Other Approver's Signature (if required) _____ Date _____