	COM	IPTR	OLLEI e Report (R'S O	FFICE)							
Name of Tr Traveler Ve	aveler:		e Report (in-State	Long Fo	nce & FOAP:							
Phone Num	nber (10 d	igits):					_	Email Addı	ress:				
INSTRUCTIO	NS: Fill o	ut each ap	plicable sec	tion. Hand	written, in	complete, o	r unsigned/do	ited forms wi	ill be returned	•			
Travel Sumr location(s),			purpose,										
Date mm/dd/yyyy		me ips Only)	Location (City)				Mileage	Rate (updated annually)	Mileage Reimb Amt	Per Diem	Other Expense		Daily Expense
	Depart	Depart Return		m	То						Description	Amount	
												_	
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		-		то	TAL TRAVE	L EXPENSES							
			LE					REPAID BY U	NIVERSITY THA	AT ARE CLAIM	ED ABOVE		l
Advance	dvance		Public Transportation (Air, Bus, Train, etc.)				Registration			Other (list in notes below)			
			•								•		
													<u> </u>
Traveler's Signature						Date Supervisor's A			pproval		Date		
Restricted Fu	nds / Other	Approval /	if required)			Date		_	Vice President	t Approval (if red	quired)	Date	
				informatio	n relative		nd or reimbui	rsement)		, ,	,		
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Comptroller's	Office Hea	Only - Rev	viewed and Ar	proved		Date		-					
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