

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)

[illegible]

LESS ADVANCE RECEIVED AND/OR EXPENSES PREPAID BY UNIVERSITY THAT ARE CLAIMED ABOVE									
Advance		Public Transportation (Air, Bus, Train, etc.)		Registration		Other (describe):			

Traveler's Signature _____ Date _____

Supervisor's Approval _____ Date _____

Restricted Funds / Other Approval (if required)	Date
---	------

Vice President Approval (if required)	Date
---------------------------------------	------

Notes: (Optional field to provide additional information relative to the trip and or reimbursement)

Comptroller's Office Use Only - Reviewed and Approved

Date