Alabama A&M University
Travel Expense Report

Name of Traveler: ______________________ **Encumbrance & FOAP:** ____________ / ____________

Traveler Vendor (A) Number: ______________________ **School/Division & Department:** ______________________

Phone Number: ______________________ **Email Address:** ______________________

Travel Purpose

IN-STATE TRAVEL EXPENSES

Date	Time *(Day Trips Only)* Departure	Return	Location-City & State From	To	Mileage	Rate	Mileage Reimb Amt	Per Diem *(Requires overnight stay)*	OR	Meals *(Qualifying Day Trip)*	Other Expense Type	Amount				Daily Expense
						$ 0.545	$ 0.00									$ 0.00
						$ 0.545	$ 0.00									$ 0.00
						$ 0.545	$ 0.00									$ 0.00
						$ 0.545	$ 0.00									$ 0.00
						$ 0.545	$ 0.00									$ 0.00
						$ 0.545	$ 0.00									$ 0.00
TOTAL IN-STATE TRAVEL EXPENSE					**0.00**	**$ 0.545**	**$ 0.00**	**$ 0.00**		**$ 0.00**		**$ 0.00**				**$ 0.00**

OUT-OF-STATE TRAVEL EXPENSE

Date	Location - City & State From	To	Mileage	Mileage Rate	Mileage Reimb Amount	Lodging	Meal Allowance Breakfast	Lunch	Dinner	Total Meal Allowance Claimed	Incidentals (other travel expenses) Expense (Type)	Amount	Transportation Air/Train/Bus	Car Rental	Shuttle/Taxi	Daily Expense
				$ 0.545	$ 0.00					$ 0.00						$ 0.00
				$ 0.545	$ 0.00					$ 0.00						$ 0.00
				$ 0.545	$ 0.00					$ 0.00						$ 0.00
				$ 0.545	$ 0.00					$ 0.00						$ 0.00
				$ 0.545	$ 0.00					$ 0.00						$ 0.00
				$ 0.545	$ 0.00					$ 0.00						$ 0.00
				$ 0.545	$ 0.00					$ 0.00						$ 0.00
				$ 0.545	$ 0.00					$ 0.00						$ 0.00
TOTAL OUT-OF-STATE TRAVEL EXPENSE			**0.00**	**$ 0.545**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**		**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**
															TOTAL TRAVEL EXPENSE	**$ 0.00**

LESS ADVANCE RECEIVED AND/OR EXPENSES PREPAID BY UNIVERSITY

Advance	**Public Transportation (Air, Bus, Train, etc.)**	**Registration**	Other (enter description here)				**$ 0.00**
							$ 0.00

Traveler's Signature ______________________ Date __________ Supervisor's Approval ______________________ Date __________

Restricted Funds / Other Approval *(if required)* ______________________ Date __________ Vice President Approval *(if required)* ______________________ Date __________

Reviewed and Approved for Payment

Comptroller's Office ______________________ Date __________

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

Revised 01/05/18