***USE ONLY FOR IN-STATE TRAVEL IN EXCESS OF 2 WEEKS ***

A	TRA	VEL :	EXPENSE I	REPOI	RT (IN	-STATI	E LONG	G FORM	M)			
NI CT					1 1		Encumbrance & FOAP:					
·								& Dept:				
Phone Num	ber (10 di	gits):				Email Address:						
INSTRUCTIO	NS: Fill oເ	ıt each ap	plicable section. Hand	written, ind	complete, oi	r unsigned/da	ted forms wi	ll be returned	•			
Travel Sumn location(s), a			purpose,									
Date mm/dd/yyyy	Tir (Day Tri _l	os Only)	Location		Mileage	Rate (updated	Mileage Reimb Amt	Per Diem	Other Expense		Daily Expense	
	Depart Return		From		То		annually)			Description		Amount
			TO:	TAL TRAVE	L EXPENSES							
			LESS ADVAN	ICE RECEIV	ED AND/OR	EXPENSES PR	EPAID BY UN	IIVERSITY TH	AT ARE CLAIME	D ABOVE		
Advance			Public Transportation (Air, Bus, Train, etc.)			Registration			Other (list in notes below)			
- I I o												
Traveler's Sigr	nature				Date						Ì	
Supervisor's P	rinted Nan	ne			Date		Supervisor's Signature				Date	
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Vice President	's Printad A	lame (if ros	ruired)		Date		Vice Procide	Vice President's Signature (if required)				
Vice President's Printed Name (if required) Date								on a aignature	(ii required)		Date	
					1							
Other Approver's Printed Name (if required) Date							Other Approver's Signature (if required)				Date	