USE FOR OUT-OF-STATE TRAVEL IN EXCESS OF 2 WEEKS



Travel Expense Report (Out-of-State Long Form) COMPTROLLER'S OFFICE

Name of Tr					1 1	Encumbrance & FOAP:									
	ndor A-Number:		<u> </u>				-	School/Div & Email Addres							
	ber (10 digits):	unlisable section. Hand	hurittan inc	amplete e	uncianod/da	tad farms will	Lha raturnad	Email Addres	ss:						
		plicable section. Hand	written, inc	ompiete, or	unsignea/aa	tea jorms wiii	be returnea.								
	nary (must include and date range)	purpose,													
				Mileage		Meals & Incidentals (Per Diem)				Total Meal	Transportation & Other Expenses				
Date mm/dd/yyyy		· City & State	Mileage	Mileage Rate	Reimb Amount	Lodging					Allowance				 Daily Expense
	From	То					Breakfast	Lunch	Dinner	Incidentals	Claimed	Desc	ription	Amount	
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			ļ												
	TOT	AL TRAVEL EXPENSES													
	101	AL MAYEE EXICESES	LESS	ADVANCE	RECEIVED AN	D/OR EXPENS	SES PREPAID	BY UNIVERSITY	THAT ARE	CLAIMED ABO	OVE	l.		l	
Advance	Public Transportation (Air, Bus, Train, etc.)			Registration			Other (describe):								
		•	-		-	=		-	•						
Tourist of Courts					Date	D. L.									
Traveler's Signature					Date										
Supervisor's Printed Name					Date			Supervisor's Signature						Date	
Vice President's Printed Name (if required)					Date			Vice President's Signature (if required)						Date	
Other Approver's Printed Name (if required)					Date			Other Approver's Signature (if required)						Date	