



**Alabama A&M University
Travel Expense Report**

Name of Traveler: _____
 Traveler Vendor (A) Number: _____
 Phone Number: _____

Encumbrance & FOAP: _____
 School/Division & Department: _____
 Email Address: _____

Travel Location:		Travel Purpose:																
IN-STATE TRAVEL EXPENSES																		
Date	Time (Day Trips Only)		Location-City & State		Mileage	Rate	Mileage Reimb Amt	Per Diem (Requires overnight stay)	OR	Meals (Qualifying Day Trip)	Other Expense					Daily Expense		
	Departure	Return	From	To							Type	Amount						
TOTAL IN-STATE TRAVEL EXPENSE																		
OUT-OF-STATE TRAVEL EXPENSE or IN-STATE INDIVIDUAL/STATE DUES PAYING MEMBER																		
Date	Location - City & State		Mileage	Mileage Rate	Mileage Reimb Amount	Lodging	Meal Allowance			Total Meal Allowance Claimed	Other Expenses		Transportation			Daily Expense		
	From	To					Breakfast	Lunch	Dinner		Expense Type	Amount	Air/Train/Bus	Car Rental	Shuttle/Taxi			
TOTAL OUT-OF-STATE TRAVEL EXPENSE											TOTAL TRAVEL EXPENSE							
LESS ADVANCE RECEIVED AND/OR EXPENSES PREPAID BY UNIVERSITY																		
Advance											Public Transportation (Air, Bus, Train, etc.)			Registration				

Traveler's Signature _____ Date _____

Supervisor's Printed Name _____ Supervisor's Signature _____ Date _____

Vice President's Printed Name (if required) _____ Vice President's Signature (if required) _____ Date _____

Other Approver's Printed Name (if required) _____ Other Approver's Signature (if required) _____ Date _____