

Student Travel Expense

**** For AP Use Only ****

Banner Invoice # _____

Section 1: This form is used to process approved reimbursements for overnight travel once the official University business has occurred (Domestic and International).

Date: _____ Encumbrance No.: _____

Traveler's Name: _____ Banner ID #: _____

Mailing Address: _____ Apt/Unit: _____ City: _____

State: _____ Zip: _____ Department Name: _____

Travel Destination: _____ Dates of Travel: _____
(City & State)

Conference Name: _____ Purpose of Trip: _____

Section 2: Description of Expenses (For more information please visit: [Travel Policy](#))

Date(s)	Items	Description of Expense (In Detail) <i>(Examples: Hotel name, Conference, Registration, Airline name)</i>	Miles Only	2025 IRS Mileage Rate	Line Totals(s)
				.70	
				.70	
				.70	
				.70	
				.70	
				.70	
				.70	
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				.70	
				.70	
				.70	
				.70	

Please note: Meals included as a part of the registration fee are deducted from the per diem payment. Grand Total: _____
Federal Per Diem Rates: [US per diem rates](#), [Foreign per diem Rates](#) (Please attach original itemized receipts)

Section 3: Account Information (Account # 7215 for mileage expenses, Account # 7216 for all other travel expenses and employee travel, Account # 7217 for Student travel)

Index #	Fund #	Organization #	Account #	Program #	Approved Amount \$

Section 4: Signature & Consent (Travel Expense form must be submitted within 10 business days after travel was completed.)

I hereby certify that the travel and expenses indicated hereon, where incurred to accomplish official business pursuant to the travel authority granted to me by the Encumbrance number noted above:

Traveler Signature: _____ Date: _____

Section 5: Appropriate Approvals (Print and Sign)

Department Head / Dean: _____ Date: _____

Grants: _____ Date: _____

Accounts Payable: _____ Date: _____