

Travel Expense

** For AP Use Only **	
Banner Invoice #	

				proved travel encumb	orance	es for o	vernight travel	once the	
official Universit	ty business has oc	curred (Domestic and	l Internation	nal).					
Date:				Encumbrance No.:					
Traveler's Name:				Banner ID #:					
Mailing Address:				Apt/Unit:	Cit	y:			
State:	Zi	p:		Department Name:					
Travel Destination:(City & State)			_ Dates of Travel:						
Conference Name:				Purpose of Trip:					
Section 2: Descri	iption of Expenses	s (For more informat	ion please vi	isit: Travel Policy)					
Date(s)	Items	Descr (Examples: Hotel na	iption of Expen	se (In Detail) , Registration, Airline name))	Miles Only	2022 IRS Mileage Rate	Line Totals(s)	
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		egistration fee are deducted		* *		l	Grand Total:		
		Foreign per diem Rates		(mized receipts)		
			Account # 7216 for	all other travel expenses and emplo	_				
Index #	Fund #	Organization #		Account #	P	rogram	# Approve	d Amount \$	
Section 4: Signat	ture & Consent (T	Travel Expense form	must be sub	mitted within 10 busi	ness d	ays aft	er travel was co	ompleted.)	
I hereby certify that	the travel and exper	ises indicated hereon, wh	ere incurred to	accomplish official busi	ness p	ursuant	to the travel autho	rity granted to	
-	ance number noted a				_				
Traveler Signature	e:				Date:				
Section 5: Appro	priate Approvals	(Print and Sign)							
Department Head	/ Dean:				Date	: <u></u>			
					Date	: <u> </u>			
Accounts Payable:					Date:				