

Travel Expense Report

Name _____
 Department _____
 Departure Date and Time _____
 Return Date and Time _____
 Purpose of Travel _____

Total Expenses _____
 Less Advance _____
 Total Reimbursement Due _____

IRS 2022 mileage reimbursement rate:

If you have received a Travel Advance Reimbursement,
 please list below:

Date: _____
 Amount: _____
 Purpose: _____

Receipt No.	Date	Description of Expense (Vendor)	Airfare / Train Fare	Lodging	Rental Car	Ground Transportation (Gas, Parking, Taxi, Tolls)	Meals	Conferences Registration Fees	Miles (Personal Car Only)	Mileage Reimbursement	Miscellaneous	Sub Total	Less Adjustment	Total Due
1										\$0.00		\$0.00		\$0.00
2										\$0.00		\$0.00		\$0.00
3										\$0.00		\$0.00		\$0.00
4										\$0.00		\$0.00		\$0.00
5										\$0.00		\$0.00		\$0.00
6										\$0.00		\$0.00		\$0.00
7										\$0.00		\$0.00		\$0.00
8										\$0.00		\$0.00		\$0.00
9										\$0.00		\$0.00		\$0.00
10										\$0.00		\$0.00		\$0.00
11										\$0.00		\$0.00		\$0.00
12										\$0.00		\$0.00		\$0.00
13										\$0.00		\$0.00		\$0.00
14										\$0.00		\$0.00		\$0.00
		<i>Adjustment - See Travel Authorization</i>								\$0.00		\$0.00		\$0.00
		Total Reimbursement:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Summary	
Airfare	\$0.00
Lodging	\$0.00
Rental Car	\$0.00
Ground Transportation	\$0.00
Meals	\$0.00
Conference & Seminars	\$0.00
Mileage Reimburs.	\$0.00
Miscellaneous	\$0.00
sub-total	\$0.00
Adjustment	\$0.00
Total	\$0.00

PLEASE ATTACH ALL RECEIPTS TO SEPARATE SHEETS OF PAPER AND NUMBER THEM AS LISTED ABOVE.