



Travel and Expense Statement

Print Name	From Date	To Date
Address	City, State, Zip	
Purpose Trip/Expenses:		

	A.	B.	C.	D.	E.	F.	G.
Date	/ /	/ /	/ /	/ /	/ /	/ /	TOTAL
From:							
To:							
1. Miles						Total Miles	X cents/mile
2. Meals (self) \$50/day							
3. Lodging							
4. Airline or others							
5. Car/ Taxi/ shuttle							
6. Tel/ Fax							
7. Parking/ Tolls/ Tips							
OTHER							
OTHER							

Signature

Date

Total Expenses	
Less Advances	
Balance Due	

Approved by

Date

**All Expenses are to be submitted
Within 30 days for Consideration.
Please attach receipts.**