Capital University 1 College and Main Columbus, OH 43209

## **Travel Expense Report**

Purpose and/or destination							trip or expense:						
												www.gsa	a.gov
Name:			_									M & IE City Lodging	
Address:			_	Dept. name to be charged:							Breakfast Lunch		
City and State:			_	Acct. to be charged:								Dinner Incidentals	
Date	Explanation	Auto Mileage	Other Trans.	Lodging	Breakfast	Lunch	Dinner	Tips	Misc.	Explanation	Total	Summary	
<u> </u>	Explanation	Auto Milicage	Other mans.	Louging	Dicariast	Lunon	<u>Diffici</u>	1100	<u> </u>	LAPIGNATION	<u> 10tui</u>	Total Expenses (1)	
												University	
												Credit Card Charges	
												Date Amount	
												+	
												+	
												T	
												CC Total (2)	
												-	
												Cash Advances	
												Date Amount	
												+	
												Advances Total (3)	
	Total Mileage Cost		Other Trans.	Lodging	<u>Breakfast</u>	Lunch	Dinner	Tips	Misc.	Mileage Cost		7, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	
	\$.56/mile	<u>Subtotals</u>								Total Cost			
						-			-	•	-	Balance Due:	
												Me	
												University	
hereby ce	ertify that this is a true state	ment of expenses	incurred										
	, and and to a a do otato				(Signature)								
Approved for payment:			(Dept. Head)	Date:			Vice President if over \$1000						
				Paid:			01 1 11						
Approved by Finance:					Check No.:								