



TRAVEL EXPENSE REPORT BY FACULTY WHEN ACCOMPANYING STUDENTS

Employee Name _____ Date _____ Employee # _____
Employee's Position _____ Work Loc. # _____
School Name _____

(Description of conference, meeting, etc.) _____ Reason for Travel _____ Location (City, State) _____
TRAVEL MODE: Actual Departure _____ (Date) _____ (Time) _____
 Air Private Vehicle Rented Vehicle Actual Return _____ (Date) _____ (Time) _____
 Other, Explain _____

STATEMENT OF EXPENSES	ESTIMATED	ACTUAL	PAID DIRECTLY TO VENDOR
1. Transportation (Common Carrier)	\$ _____	\$ _____	\$ _____
2. Registration Fee	_____	_____	_____
3. Entrance Tickets to (Amusement Parks, Shows, Exhibitions, etc.)	_____	_____	_____
4. Taxi, Tolls, Parking	_____	_____	_____
5. Private Vehicle Mileage (29~ /mile)	_____	_____	_____
6. Lodging (Hotel/Single Rate only)	_____	_____	_____
7. Meals	_____	_____	_____
8. Per Diem \$ _____ X _____ Days =	_____	_____	_____
9. Other-Miscellaneous	_____	_____	_____
10. Student Expenses (Receipts and/or Statements)	_____	_____	_____
A. Transportation (If Additional "1" Above)	_____	_____	_____
B. Lodging	_____	_____	_____
C. Meals	_____	_____	_____
D. Other _____	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____
*Advance Requested \$ _____			

Total Actual Expenses _____ \$
Less Amount Advanced Ck# _____ \$
Less Payments to Vendor Ck# _____ \$
Amount Due Employee Ck# _____ \$
Refund Due School Receipt # _____ \$

I respectfully request authorization to incur the above estimated expenses for temporary duty to travel as indicated on this report in the performance of my official duties.

Traveling Employee's Signature _____ Date Signed _____

FUNDS AVAILABLE CERTIFICATION:

Account: Program _____ Function _____ Account Name _____

Treasurer's Signature _____ Date Signed _____

Principal's Signature _____ Date Signed _____

NOTE: List of students traveling must be included on the back page of this report.

TRAVEL EXPENSE REPORT BY FACULTY WHEN ACCOMPANYING STUDENTS (continued)

LIST OF ACCOMPANYING STUDENTS			
STUDENT'S NAME	STUDENT'S SIGNATURE	CHAPERONE'S TITLE/NAME	CHAPERONE'S SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			