

**INSTRUCTIONALLY RELATED ACTIVITIES  
TRAVEL / PERSONAL EXPENSE REPORT**

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TRAVELER/GROUP LEADER: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ RETURN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

PURPOSE OF TRIP OR EXPENDITURE: \_\_\_\_\_

NUMBER IN PARTY: \_\_\_\_\_ ACCT. TO BE CHARGED: \_\_\_\_\_

**EXPENSES:**

**TRANSPORTATION (RECEIPTS REQUIRED)**

Flights \_\_\_\_\_

Auto Rentals \_\_\_\_\_

Gas \_\_\_\_\_

Parking/Tolls \_\_\_\_\_

Check here if state van or bus was used \_\_\_\_\_

**PER DIEM** (Meals and Lodging – Not to exceed \$70.00 per night). A completed IRA Signature Form must be attached.

\_\_\_\_\_

**MISCELLANEOUS (RECEIPTS REQUIRED)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL SPENT**

\_\_\_\_\_

**LESS AMOUNT ADVANCED** (if applicable)

\_\_\_\_\_

Include (-) in front of amount.

**AMOUNT RETURNED** (Cashier deposit receipt attached) OR

**TOTAL DUE CLAIMANT**

\_\_\_\_\_

AMOUNT OF REIMBURSEMENT IF IRA ACCOUNT

BALANCE IS LESS THAN TOTAL DUE CLAIMANT

\_\_\_\_\_

**PAYEE'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**ASSOCIATED STUDENTS OFFICE USE ONLY**

**REVIEWED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**EXECUTIVE DIRECTOR'S APPROVAL** \_\_\_\_\_ **DATE** \_\_\_\_\_

**COMMENTS:**