



**Division of Financial and Business Services  
Disbursement Control  
Travel Expense Report**

Reimbursee's  
Name \_\_\_\_\_

Department \_\_\_\_\_ Account# \_\_\_\_\_ Check Request# \_\_\_\_\_

Destination \_\_\_\_\_ Period Covered \_\_\_\_\_

Business Purpose \_\_\_\_\_

Instructions: Any single expenditure of \$25.00 or more must have the receipt attached. Mount all receipts on 8 1/2 x 11 inch sheets of paper. Submit this form and all receipts to Disbursement Control: UGB or Mailcode 8015. NOTE: Any "Government Unallowable" (G/U) expense must be identified in the appropriate column(s) below. See page 2 of this document for definitions of "G/U."

<b>I. Incidentals</b>				<b>Subtotals</b>
Date	Incidentals (explain) & Government Unallowables	Amount	G/U Amount	

<b>II. Transportation</b>				
Type	Company	Date of Trip	Amount	G/U Amount

<b>III. Food and Lodging Reimbursement Methods</b>				Pick Only One (A, B, C)	
A. Actual Lodging and Meal Expenses		Lodging			
Hotel	Dates: From / To	# Days	Rate	Amount	

*Meals (including tips) & \*G/U Meal Expense (e., alcohol)*

Date:	Amount	Date:	Amount	Date:	Amount	Date:	Amount
B		B		B		B	
L		L		L		L	
D		D		D		D	
*G/U		*G/U		*G/U		*G/U	
+(Indicate name(s) of guest (if any) and Business Relationship (Refer to appropriate amount above))							

B. Actual Lodging and Meal Allowance	
Actual Lodging: Use Actual Lodging Table under "A" and enter amount in Box "1"	
Meal Allowance	_____ days @ _____ per day = _____
C. Per Diem (Proof of Travel Required)	
_____ days @ _____ per day = _____	

<b>IDENTIFY OTHER FUNDING SOURCES (e.g., NIH, CO-SPONSOR) TO BE DEDUCTED FROM THE ABOVE:</b>		
Date	Explanation	Amount

**TOTAL EXPENDITURES**

THIS IS AN ACCURATE REPORT OF MY EXPENSES. THERE ARE NO "GOVERNMENT UNALLOWABLE" EXPENSES, AS DEFINED ON PAGE TWO OF THIS FORM, UNLESS SEPARATELY IDENTIFIED ABOVE. ALL OTHER FUNDING SOURCES FOR THIS TRIP(S) ARE IDENTIFIED ON THIS FORM AND REDUCED FROM THE TOTAL COST.

REIMBURSEE SIGNATURE REQUIRED.

\_\_\_\_\_  
( Reimbursee's Signature ) Required

\_\_\_\_\_  
Date

\_\_\_\_\_  
( Supervisor's Signature ) Required

\_\_\_\_\_  
Date