Travel Expense Report

Student Name:	**University** **I.D. #**
Organization Name:	
Student Address:	

Date Departed: _____ **Time Departed:** _____ **A.M.** **P.M.**

Date Returned: _____ **Time Returned:** _____ **A.M.** **P.M.**

ACTUAL EXPENSES

Description	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTALS
Date								
Lodging								
Breakfast								
Lunch								
Dinner								
Other (specify)								
Local trans.								
Parking & Tolls								
Trans. Expense								
Registration Fee								
TOTALS								

Total Expenses **$** _____

Traveler's Signature: _____

Comments:

rev: 4-28-08