



Alabama A&M University Travel Expense Report

Name of Traveler: _____
 Traveler Vendor (A) Number: _____
 Phone Number: _____

Encumbrance & FOAP: _____
 School/Division & Department: _____
 Email Address: _____

Travel Purpose																	
IN-STATE TRAVEL EXPENSES																	
Date	Time (Day Trips Only)		Location-City & State		Mileage	Rate	Mileage Reimb Amt	Per Diem (Requires overnight stay)	OR	Meals (Qualifying Day Trip)	Other Expense					Daily Expense	
	Departure	Return	From	To							Type	Amount					
TOTAL IN-STATE TRAVEL EXPENSE																	
OUT-OF-STATE TRAVEL EXPENSE																	
Date	Location - City & State		Mileage	Mileage Rate	Mileage Reimb Amount	Lodging	Meal Allowance			Total Meal Allowance Claimed	Incidentals (other travel expenses)		Transportation			Daily Expense	
	From	To					Breakfast	Lunch	Dinner		Expense (Type)	Amount	Air/Train/Bus	Car Rental	Shuttle/Taxi		
TOTAL OUT-OF-STATE TRAVEL EXPENSE											TOTAL TRAVEL EXPENSE						
LESS ADVANCES / EXPENSES PREPAID BY UNIVERSITY																	
Advance											Public Transportation (Air, Bus, Train, etc.)			Registration			

Traveler's Signature _____ Date _____ Supervisor's Approval _____ Date _____
 Restricted Funds /
 Other Approval _____ Date _____ Vice President Approval (if required) _____ Date _____
 (if required)
Reviewed and Approved for Payment
Comptroller's Office _____ Date _____

Notes: (Optional field to provide additional information relative to the trip and or reimbursement)