

Ref.

EXT. # _____

ORIGINAL RECEIPTS MUST BE ATTACHED

| REPORTABLE EXPENSES | | | TOTALS | OTHER TRAVEL EXPENSES | | | TOTALS |
|---|-------------|--|--------|---|--|-------------|--------|
| PROVIDE DESCRIPTION OF BUSINESS PURPOSE | | | | Overnight travel requires pre-approved Travel Application | | | |
| MISCELLANEOUS SUPPLIES | | | | Date | Destination | TRAVEL FARE | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| STAFF MEALS | | | | Date | HOTEL (Requires Travel Application) | # of Nights | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| OTHER EXPENSES | | | | | | | |
| | | | | | | | |
| | | | | Date | Per-diem | | |
| | | | | | ____ day(s) @ 1 | | |
| | | | | | ____ day(s) @ \$20 (one meal) | | |
| | | | | | ____ day(s) @ \$14 (fully entertained) | | |
| | | | | | | | |
| | | | | TRANSPORTATION (Taxi, Shuttle, Train, etc.) | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| REGULAR TRAVEL-NO overnight stay | | | | | | | |
| Date | | Per-diem | | RENTAL CAR ____ days | | | |
| | | ____ day(s) @ \$41 | | | | | |
| | | ____ day(s) @ \$20 (one meal) | | | | | |
| | | ____ day(s) @ \$14 (fully entertained) | | | | | |
| | | | | | | | |
| Date | Destination | Miles | | Date | Destination | Miles | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | Total mileage @ \$0.39 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total mileage @ \$0.39 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ** TOTAL REPORTABLE EXPENSES | | | | TOTAL OTHER TRAVEL EXPENSES | | | |
| | | | | ** TOTAL REPORTABLE EXPENSES | | | |
| | | | | LESS: CASH ADVANCE | | | |
| | | | | | | | |
| | | | | TOTAL EXPENSE REPORT | | | \$ |

I certify by my signature that the expenses listed on this expense report are true and accurate and are related to LSU business.

EMPLOYEE SIGNATURE: _____

DEPT. HEAD/CHAIR (Print Name):

SIGNATURE: _____

VP/DEAN (Print Name): _____
(Required if over \$1,000)

SIGNATURE: _____

[illegible]

(Please send to Accounting)