



Single-Day Travel Expense Report

Traveler's Name	Destination
Employee ID (M Number)	Departure Date Return Date
Department	Name(s) of others on trip
Index	
Address to which check is to be sent	Purpose of trip & benefits derived to the University

	SUN	MON	TUES	WEDS	THURS	FRI	SAT	TOTAL
Insert Date								
Breakfast								
Lunch								
Dinner								
Incidentals								
SUBTOTAL								
Tran. by common carrier								
Taxis and limousines								
Entertain. (attach banquet rept)								
Registration fees								
Others - explain								
EXPENSES >>								

PERSONAL CAR EXPENSES					CASH SUMMARY	
Click here for distances from Houghton					Subtotal Expenses	
From	To	Miles	Rate	Subtotal	Personal Car Expenses	
					Total expenses this trip	
					Cash advances received	
					Due traveler	
					Due MTU (attach cash receipt)	
Vicinity Mileage		Miles	Rate	Subtotal		
If greater than 100 miles, attach log				Total		

CERTIFICATION AND APPROVAL

I, the undersigned, hereby certify that the above listed expenses were actually incurred by me for University purposes as allowed by University policies and procedures. No reimbursement has been received or is anticipated from any third party and if received, will be immediately forwarded to the University. I UNDERSTAND THAT CERTAIN EXPENSES MAY BE TAXABLE AND THAT THE APPLICABLE FICA, FEDERAL, AND STATE TAXES WILL BE WITHHELD FROM A FUTURE PAYCHECK.

Signature of traveler _____ Date _____

Signature of Department Chair or higher _____ Date _____

Signature of Financial Manager _____ Date _____