



Employee Name	Departing From
Employee ID	Departure Öæ
Employment Start Date	Arrival Öæ
Department	Index
<input type="checkbox"/> Non-Payroll Direct Deposit* OR <input type="checkbox"/> Mail Check	Name(s) of others on trip

	SUN	MON	TUES	WEDS	THURS	FRI	SAT	TOTAL
Date >>								
Breakfast \$13								
Lunch \$15								
Dinner \$26								
Incidentals \$5								
Meals Total								
Lodging								
Airline Tickets								
Taxis								
Tolls/Parking								
Moving Costs								
Car Rental/Gas								
Other (Explain on receipt or memo)								
EXPENSES >>								

PERSONAL CAR EXPENSES					SUMMARY			
Click here for distances from Houghton					Total Expenses	Personal Car Expenses		
From	To	Miles	Rate	Amount				
Total					Total Expenses			

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 EXPENSES WILL 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
Prepared by			