



Employee Name		Departing From	
Employee ID	Departure <input type="radio"/> 0æ	Calendar Year-Determines mileage rate	
Employment Start Date	Arrival <input type="radio"/> 0æ	<input type="radio"/> 2019	<input type="radio"/> 2020
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	\$14								
Dinner	\$28								
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						
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
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Prepared by _____