SAINT PETER'S UNIVERSITY TRAVEL EXPENSE REPORT

| NAME | | DEPARTM | ENTS | NTS | | CAMPUS BUILDING | | | PHONE EXTENSION | |
|--|--|-----------|------------|--------------|--|-------------------------|---------------|-------------|-----------------|--|
| PURPOS | SE OF TRAVEL | | | | | | | | | |
| | - | | | | | | | | | |
| | DATE | | | | | | | | TOTALS | |
| | CITY | | | | | | | | 7 | |
| 1. Air/Tra | in Fares | | | | | | | | | |
| 2. Breakfa | ast | | | | | | | | | |
| 3. Lunch | | | | | | | | | | |
| 4. Dinner | | | | | | | | | | |
| 5. Hotel/Lodging | | | | | | | | | | |
| 6. Ground Transportation | | | | | | | | | | |
| 7. Personal Auto Reimb. | | | | | | | | | | |
| 8. Parking | | | | | | | | | | |
| 9. Registration | | | | | | | | | | |
| 10.Telephone | | | | | | | | | | |
| 11.Other Tolls | | | | | | | | | | |
| 12.TOTA | L EXPENSES | | | | | | | | | |
| PAYMENT BY: CASH ☐ CHECK ☐ LESS: TRAVE | | | | | | DVANCE F | REQUEST# | | () | |
| MAIL □ HOLD FOR | | | R PICKUP 🗆 | | | 13. NET DUE TO TRAVELER | | | | |
| | | | | | | 10 N | OR | CDLI | | |
| MAILING | | | | | 13. NET DUE TO SPU () (ATTACH CHECK PAYABLE | | | () | | |
| ADDRES | | | | | TO SAINT PETER'S UNIVERSITY | | | V | | |
| ADDITES | . <u> </u> | | STREET | | | I O OAIIVI | ILILIKOO | INIVEICOLL | ' | |
| | | | STRLLT | | | | | | | |
| | | | | | | _ | | | | |
| | City | | | State | Zip | | | | | |
| | _ | | | | | T | | | | |
| ITEM# | DATE | AMOUNT | EXPLANATIO | ONS (REQUIR | ED 6, 7, 11) | | | | | |
| | | | | | | | | | | |
| | | | | | | 1 | | | | |
| | | | | | | <u> </u> | | | | |
| | | | | | | <u> </u> | | | | |
| | | | | | | • | | | | |
| | | | | | | | BUDGET AC | COUNT# | AMOUNT | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | TOTAL | | 1 | |
| | | | | | | J | TOTAL (must | equal 13) | 1 | |
| DECEIDT | | | TEMO E\ | /OEDT TID | 0 | | | | | |
| KECEIPI | <u> IS ARE REQUIRE</u> | ED FOR AL | LIIEWS E | CEPT HP | <u> </u> | | | | | |
| | certify that the experior performance of L | | | are, to my l | knowledge, | , true and o | correct and w | ere incurre | ed by | |
| EMPLOY | EE SIGNATURE | | | | | | DATE | | | |
| OFFICE/[| DEPT. HEAD APF | | | | | | DATE | | | |