

NAME OF EMPLOYEE:

## TRAVEL & CONFERENCE EXPENSE REPORT

\*BANNER ID NUMBER:

|                         | ORG (Department):   |                  | FUND/ORG. NO.:   |               |                     |                 |
|-------------------------|---|------------------|--|---------------|---------------------|-----------------|
| EXTENSION:              |   |                  | *TRIP NUMBER:  |               |                     |                 |
|                         | * LACK OF TRIP NU   | MBER and/or EMPL | OYEE BANNER I  | D NUMBER WILL | . CAUSE DELAY IN P  | ROCESSING       |
| DATE<br>TIME            | DESTINATION/LOCATION  | TRANSPORTATION   | LODGING  | PER DIEM      | OTHE                |                 |
| TIME                    | (Indicate Starting Point and Destination)                             | TRANSPORTATION   | LODGING  | PER DIEM      | DESCRIPTION         | AMOUNT          |
|                         | 1   |                  |  |               |                     |                 |
|                         |   |                  |  |               |                     |                 |
|                         | 1   |                  |  |               |                     | •               |
|                         |   |                  |  |               |                     |                 |
|                         | 1   |                  |  |               |                     | •               |
|                         |   |                  |  |               |                     |                 |
|                         |   |                  |  |               |                     |                 |
|                         |   |                  |  |               |                     |                 |
|                         |   |                  |  |               |                     |                 |
|                         | 4   |                  |  |               |                     | 1               |
|                         |   |                  |  |               |                     | <del> </del>    |
|                         | -   |                  |  |               |                     | 1               |
|                         |   |                  |  |               |                     |                 |
|                         | †   |                  |  |               |                     | 1               |
|                         |   |                  |  |               |                     |                 |
|                         | 1   |                  |  |               |                     |                 |
|                         |   |                  |  |               |                     |                 |
|                         | TOTAL   |                  | \$ -   | \$ -          |                     | \$ -            |
|                         | ATTACH ORIGINAL RECEIPTS  |                  | MENTATION FOR AL<br>OPIES WILL NOT B   |               | ION, LODGING AND OT | HER EXPENDITURE |
|                         |   |                  |  |               |                     |                 |
| INOLLIDE                | PREPAYMENT MADE BY THE COLI   |                  |  | CNATURE OF EM | DI OVEE             |                 |
|                         | ANY AIRFARE AND/OR REGISTRATION F<br>BY MCC. ITEMS BELOW MUST BE INCL |                  | SIGNATURE OF EMPLOYEE  |               |                     |                 |
| EXPENSES ABOVE AS WELL. |   |                  | *Dept. Chair/Director/Vice President/President                                 |               |                     |                 |
|                         |   |                  | or Grants Office   |               |                     |                 |
| DESCRIPTION AMOUNT      |   |                  | * Approval required only when actual expense exceeds original approved amount. |               |                     |                 |
|                         |   | -                |  |               | (FISCAL OFFICE ONL  | Υ)              |
|                         |   |                  | ACCOUNT(S) TO  | BE CHARGED:   |                     | FII             |
|                         |   |                  | DR:  |               |                     |                 |
|                         |   |                  | DR:  |               |                     |                 |
|                         |   |                  |  |               |                     |                 |
|                         |   |                  | DR:  |               |                     |                 |
|                         |   |                  | DR:  |               |                     |                 |
|                         | TOTAL PREPAYMENTS   | \$ -             |  |               |                     |                 |
|                         |   |                  | CR:  | тоти          | AL EXPENSE:         |                 |
| FISCAL OFFICE APPROVAL: |   |                  | LESS PREPAYMENTS:  |               |                     |                 |
|                         |   |                  | DR:  | ВА            | LANCE DUE:          |                 |
|                         |   |                  |  |               |                     |                 |

**ORIGINAL** 







|    | TOTALS |
|----|--------|
| \$ | -      |
|    | -      |
|    | -      |
|    | -      |
|    | -      |
|    | -      |
|    | -      |
|    | -      |
|    | -      |
|    | -      |
|    | -      |
|    | -      |
|    | -      |
|    | -      |
|    | -      |
|    | -      |
|    | -      |
|    | -      |
|    |        |
| \$ | -      |
| S  |        |

DATE

DATE

NAL

**ORIGINAL** 



## **ORIGINAL**