

AUBURN MONTGOMERY

Travel Expense Report / Travel Voucher

Name _____ Vendor # _____ User Name _____
 Address _____ Dept. Name _____
 City _____ Dept. Address _____
 State _____ Zip _____ Dept. Phone _____ Preparer _____

Account Name	Fund	Org	Account	Prog	Activity	Location	Amount

Is R.A.T. (Request for Approval to Travel) attached? YES NO Total

Purpose of the Trip: _____

Itinerary: _____

Expense Item	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
DATES (mm/dd/yy)								
Departure Time								
Return Time								
Miles Driven								
\$/mile rate								
IN STATE								
Meals Allowance								
Per Diem								
OUT of STATE								
Breakfast*								
Lunch*								
Dinner*								
Lodging**								
OTHER								
Airfare**								
Rental Car**								
Taxi,Parking,Bus**								
Registration Fees**								
Guest Meals***								
MISC(Specify)								
TOTALS								

List below any expenses associated with this travel paid directly by the department. **Grand Total**

Expense Item	Amount	Doc/Check #	Pcard Date	Other (please explain)

Signature of Claimant Date

Direct Supervisor Approval

I certify that this is true and accurate report of expenses incurred by me while traveling on official AUM business

*itemized receipts required if days total exceed \$34.00

**original itemized receipts required

***provide business purpose,place of meeting,names & relationship to AUM

Department Head/Dean/Director Approval

Other Approval (as needed)

If an error is found, the necessary adjustment may be made to this request at the discretion of the Business Office. This reimbursement will be deposited directly into your bank account on file with Procurement & Payment Services.