Out-Of-State/In-State Dues Paying Organization

Travel Expense Report

Name Employee				Address					PO Number				
ID				City, State, Zip									
Purpose of Travel													
	POINTS OF TRAVEL		Hour of Depart/	Private	Airfare, Baggage, Airport	Rental Car/Taxi	Lodging		MEALS	Necessary expenses & Registrations			
Date	From City/State	To City/State	Return	Car Miles	Park	Expense	Expense	Breakfast	Lunch	Dinner	Detail	Amount	
	TOTAL N	UMBER OF MILES T						TRANSPORTATION					
I HEREBY CERTIFY that the above expenses are correct and were incurred in connection with									LODGING				
official duties	of Athens State University. I furthe	The mileage and subsistence expense indicated in the expense account					MEALS						
trip, and I ack	al claimed for travel reimbursemen nowledge that it is understood that						MISCELLANEOUS EXPENSE						
Office of Financial Affairs after two months from the date of travel will be disallowed.					has been previously authorized and has been checked for compliance.				TOTAL OF THIS EXPENSE REPORT				
Signature of Claimant Date				College Dean/Department Head				Date	Attach the following items: Purchase Order Conference Preferred Hotel with Nightly Rate Detailed Agenda w/ meals provided				
										Detailed Google Map			



Revised 01/04/2023

Itemized Receipts

Date

Financial Affairs Signature