



TRAVEL EXPENSE REPORT

SEE REVERSE SIDE FOR INSTRUCTIONS

TRAVELER'S NAME John Doe	M - NUMBER M - 00000000	DEPARTMENT NAME / MAIL LOCATION Dept. X / ML 0000
TRAVELER'S ADDRESS University of Cincinnati	(A/P USE) VENDOR CODE / M NUMBER	DEPARTMENT PHONE NUMBER 556-XXXX
ADDITIONAL ADDRESS 683 Steger Student Life Center	(A/P USE) PYMT METHOD SUPPLEMENT	TRAVEL DESTINATION(S) Cincinnati, OH
CITY, STATE, ZIP CODE Cincinnati, OH 45221-0193	(A/P USE)	TRAVEL TYPE __X__ OVERNIGHT ____ SAME DAY / INCIDENTAL TRAVEL

G/L ACCT	FUND	COST CENTER	FUNC AREA	GRANT	INTERNAL ORDER	WBS ELEMENT	EARMARKED FUNDS	LN #	AMOUNT

DATE	MEALS		LODGING	TRANSPORTATION		OTHER EXPENSES (describe)		TOTAL
1/1/2011	BREAKFAST		100.00	COMMON CARRIER				105.10
	LUNCH			MILES 10 @ 0.51	5.10			
	DINNER			RENTAL				
	BREAKFAST			COMMON CARRIER				-
	LUNCH			MILES @	-			
	DINNER			RENTAL				
	BREAKFAST			COMMON CARRIER				-
	LUNCH			MILES @	-			
	DINNER			RENTAL				
	BREAKFAST			COMMON CARRIER				-
	LUNCH			MILES @	-			
	DINNER			RENTAL				
TOTAL		-	100.00		5.10		-	105.10

TRAVELER SIGNATURE (PRINT AND THEN SIGN) Sign and print your name here	DATE put date here	TRAVEL PREPAYMENTS / P-CARD PAYMENTS	-
APPROVAL SIGNATURE (PRINT AND THEN SIGN)	DATE	AMOUNT DUE TRAVELER	105.10