

WASHINGTON UNIVERSITY
TRAVEL EXPENSE STATEMENT
(Receipts required for all expenses over \$30.00)



Date Received _____
 Doc Type & No _____
 Departmental No _____
Social Security No _____

List All Expenses -- Including Prepayments

Name: _____ **Destination:** _____ **Dates:** _____

Address: _____ **Purpose:** _____

Expenses	Date	Date	Date	Date	Date	Date	Date	Date	Totals
Meals **									
Breakfast									
Lunch									
Dinner									
Totals									

** Meal breakdown needed only when meals exceed \$50.00

Foreign Exchange Rate Used: _____

-1041-36-0 -EE

Account #

Fund #

Amount

Airfare _____
 Rental Car / Gas _____
 Mileage () x (.445) _____
 Hotel Room / Tax _____
 Registration _____
 Limo / Tax / Parking _____
 Telephone / Fax _____

Supplemental Information:

Missing Receipts: YES NO

Shared expenses with: _____

* Additional expenses were incurred in support of sponsoring sources.

*** Additional Expenses:**

a) _____
 b) _____
 c) _____
 d) _____

EXCEPTIONS:

Grand Total

Outside Reimbursements

Total / Departmental Limit

Less (CR/TA):

CR # _____
 CR # _____
 TA Admin # _____
 TA Admin # _____
 Other _____

Employee's Signature:

I have expended the amounts listed on behalf of Washington University and which are not reimbursable by other source not listed on this form.

I owe Washington University _____
 Washington University owes me _____

Traveler's Signature

Date

Approval Signature

Exception Approval

Washington University Social or Entertainment Expenses
 (NOTE: Social expenses over \$50.00 require Dean's level approval)

Date	Names and Titles of Persons Attending	Type of Function (dinner, lunch, etc.)	Purpose	Amount

Notes: