

XAVIER BUSINESS & TRAVEL EXPENSE REPORT

NAME _____	ML _____	Purpose of Trip _____
HOME ADDRESS _____	EXT. _____	_____
	MAIL CHECK <input type="checkbox"/>	Period From _____ To _____
BANNER ID# OR SS#: _____	HOLD CHECK <input type="checkbox"/>	

SECTION A: Expenses Incurred		Mode of Travel: <input type="checkbox"/> Airplane <input type="checkbox"/> Personal Auto <input type="checkbox"/> Rental Auto <input type="checkbox"/> Other (Specify) _____										
		Time of Departure:					Time of Return:					
Date	Travel Destination		Personal Auto		Other Transportation	Lodging	Breakfast	Lunch	Dinner	OTHER EXPENSES		DAILY TOTAL EXPENSE
	From	To	Miles Driven	Allowance @ ___/mile						Brief Explanation	Amount	
SUBTOTAL												

SECTION B: Business Meals and Entertainment					
Date	Dining Establishment	Nature of Business Conducted	Names of All Present	Business Affiliation of Guests	Amount
TOTAL					

I certify this expense report is a true and accurate accounting of expenses incurred on authorized University or grant approved business and are fair charges against Xavier University. Amounts not approved or considered excessive by the University are authorized to be deducted.

Signature _____ Date _____

Approval:

Budget Administrator _____ Date _____

Immediate Supervisor/Dean or Department Head _____ Date _____

Original Signatures Required

SECTION C: Distribution of Expenses			
Fund/Org	Account		Amount
Total Expense			
Should EQUAL Subtotal Line #1			

- | | |
|--------------------------------------|---|
| 1. TOTAL EXPENSE | |
| 2. Less ADVANCES ISSUED
TA# _____ | - |
| 3. REIMBURSEMENT
REQUESTED | |
| 4. (BALANCE DUE XAVIER) | |

Audited By:

ORIGINAL RECEIPTS MUST ACCOMPANY THIS REPORT FOR ALL ITEMS OVER \$10.00