

STEVENSON UNIVERSITY TRAVEL EXPENSE REPORT

NAME _____ ID# _____ ADDRESS _____ _____	PAGE _____ OF _____ DATE: _____
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PURPOSE:

	DATE(S)							TOTAL
AUTO MILEAGE*** (-626700-__)								
AUTO EXPENSES (-622300-__)								
HOTEL (-622700-__)								
MEALS (-622500-__)								
PHONE/FAX (-645400-__)								
REG/CONF FEE (-620100-__)								
PROF DEV (-620100-00)								
INTERNET (-601800-__)								
OTHER (SPECIFY) _____								
OTHER (SPECIFY) _____								
OTHER (SPECIFY) _____								
TOTAL EXPENSES PER DAY								

<p>****ATTACH APPROPRIATE RECEIPTS****</p> <p>SIGNATURE: _____</p> <p>APPROVED BY: _____</p> <p>DEPT. #: _____</p>	<p>VOUCHER #: _____ (FOR BUSINESS OFFICE USE ONLY)</p>
<p>Check handling (choose one): <input type="checkbox"/> Mail to home address <input type="checkbox"/> Place in Fac/Staff mailbox</p>	

***** SEE REVERSE SIDE FOR GUIDELINES ON TRAVEL AND OTHER EXPENSES*****

***Revised 02/08/08