

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: _____

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

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

Foreign Exchange Rate Used: _____

-1041-36-0 -EE
Account #

57923A
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:				