English Department Travel Expense Report

	Traveler Information
Traveler Name and Employee ID	
Office	
Residence Address	
City/State/Zip	
	General Trip Information
Travel From	
Departure Date & Time	
Travel To *** If multiple destinations list in order**	
Return Date & Time	
Purpose of Travel	
	Meals
Check which applies	☐ Per Diem
	☐ Via Receipt
If Per Diem: List date and times of any meals included in the registration	
	Mileage
Travel To Miles	
Travel From Miles	
	Lodging - ☐ **check if paid on central billing card**
Date/s:	Amount:
	Other
Car Rental ☐**- check if paid on central billing card**	
Airfare ☐ **- check if paid on central billing card**	
Registration ☐ **- check if paid with ProCard**	
Gasoline for Rental *** Description Required**	
Baggage Fees *** Description Required**	
Parking*** Description Required**	
Public Transportation *** Description Required**	
Taxi *** Description Required**	

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Additional Funding * Indicate any additional funding outside of department travel allowance	
Speed Type:	Amount: