

**LUTHER COLLEGE
Travel Expense Report**

EVENT _____
 Purpose of Travel _____
 LOCATION _____
 DATE _____
 # in Travel Party _____

					Total
LODGING	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
MEALS	_____	_____	_____	_____	_____
AIR FARE	_____	_____	_____	_____	_____
PRIVATE AUTO (1)	_____	_____	_____	_____	_____
COLLEGE VEHICLE (1)	_____	_____	_____	_____	_____
CAR RENTAL/TAXI	_____	_____	_____	_____	_____
REGISTRATION FEES	_____	_____	_____	_____	_____
PARKING	_____	_____	_____	_____	_____
OTHER	_____	_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

GRAND TOTAL \$ _____

Less Expenses Charged To Department - _____

(1) _____ Miles @ _____ Per Mile.

Expenses Paid By Traveler _____

Less Travel Advance - _____

Amount To Be Reimbursed \$ _____

or

Amount To Be Returned To College \$ _____

Department Name to be charged	Account #	Project Account # (if applicable)	Amount
_____	_____	_____	_____
_____	_____	_____	_____

Printed Name of Claimant **Signature of Claimant** **Date**

Personal ID # (Datatel Number) **Approved by Budget Center Director** **Date**