

LOYOLA MARYMOUNT UNIVERSITY

TRAVEL EXPENSE REPORT

Name:		Department/Office:				Phone Extension:					
Purpose of Travel:											
Date:											Totals
City:											
1. Air/Train Fares											\$0.00
2. Breakfast											\$0.00
3. Lunch											\$0.00
4. Dinner											\$0.00
5. Hotel											\$0.00
6. Ground Trans.											\$0.00
7. Mileage											\$0.00
8. Parking											\$0.00
9. Registration											\$0.00
10. Telephone											\$0.00
11. Other											\$0.00
Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Payment By:	Cash	<input type="checkbox"/>	Check	<input type="checkbox"/>	Less: Travel Advance Request #		
Disbursement By:	Mail	<input type="checkbox"/>	Hold For Pickup	<input type="checkbox"/>	12. Net Due To Traveler	\$0.00	
Mailing Address:						Or	\$0.00
						12. Net Due To L.M.U.	
City		State		Zip		(Attach Check Payable To "L.M.U.")	

RECEIPTS ARE REQUIRED FOR ALL ITEMS EXCEPT TIPS

Line #	Date	Amount	Explanation (Required for Items 6,7,11)

Budget Account #	Amount
Total (must equal 12 above)	\$0.00

I hereby certify that the expenses reported above are, to my knowledge, true and correct and were incurred by me in the performance of University business.

Employee Signature: _____

Office/Dept. Head Approval: _____

AVP Office Approval: _____

Date: _____

Date: _____

Date: _____