I _____ Northwestern State University CK _____

TRAVEL EXPENSE ACCOUNT FORM

Payee Information

Budget Unit Title: _____ Budget Unit Index: _____

Name: _____ Vendor#/CWID: _____

Address: _____ Office Domicile: _____

City, State, Zip: _____ Dates of Travel: _____

Purpose of Trip/Travel: _____ Telephone: _____

Mode of Travel

☐ Airfare ☐ Rental ☐ University Vehicle ☐ Personal Vehicle ☐ Other

Miles Requested _____ Mileage Rate .76 Total Mileage Requested 0

Total Airfare _____ Total Vehicle Rental _____ Total Rental Fuel _____

Detailed Expenses

Date									Subtotals
Departure Time									
Return Time									
Odometer Reading									
Lodging + Hotel Parking									0.00
Tolls & Parking									0.00
Other Reimbursable									0.00
M&IE Requested									0.00
M&IE Allowed (BA-Only)									

Other Reimbursable Item Detail: _____

Advance Clearing

Check # _____

Orig. Amount _____

Receipts _____

Deposits _____

Balance _____

Subtotals of Expenses

Mode of Travel 0.00

Hotel 0.00

Tolls & Parking 0.00

Other 0.00

M&IE 0.00

Total 0.00

Budget Information

Index	Fund	Org	Account	Amount

Approvals

Approval Level	Printed Name	Signature	Date
Payee			
Prepared By/Title			
Budget Unit Head			
Approving Agent			
Additional Approver (If Required)			
Invoiced By			

Certification of Payee: I certify that this expense account is just and true in all respects; that the distance shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

Certification of Approvers I certify that the charges set forth on this expense account have been examined by me. That the services for which the charges are made were necessary and proper; and that in my opinion the amounts claimed are just and reasonable.