**Travel Expense Report**

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| **Travel Expense Report #** | | | | | | | | | | | | | | | | | | | | | |
| **Traveler Vendor #** | | | | | |  | | | | | | | | | | | **Destination 1** | |  | | |
| **Traveler** | | | | | |  | | | | | | | | | | |
| **Department:** | | | | | |  | | | | | | | | | | | **Destination 2** | |  | | |
| **Department Location:** | | | | | |  | | | | | | | | | | |
| **Purpose Of Trip** | | | | | | | | | | | | | | | | | | | | | |
| **Departure Time: First Day : Last Day:** | | | | | | | | | | | | | | | | | | | | | |
| **Arrival Time: First Day : Last Day:** | | | | | | | | | | | | | | | | | | | | | |
| **Misc. Expenses :** | | | | | | | | | | | | | | | | | | | **Total** | |  |
| **Car Rental :** | | | | | | | | | | | | | | | | | | | **Total** | |  |
| **Transportation:** | | | | | | | | | | | | | | | | | | | | | |
| **Airfare From : To:** | | | | | | | | | | | | | | | | | | | **Total** | |  |
| **Mileage From : To:** | | | | | | | | | | | | | | | | | | | **Total** | |  |
| **Toll Charges :** | | | | | | | | | | | | | | | | | | | **Total** | |  |
| **Registration Fees :** | | | | | | | | | | | | | | | | | | | **Total** | |  |
| **Dates of Travel** | | | **Meals** | | | | | | **Lodging** | | **Limo/Taxi**  **Or Bus** | | | | **Car Storage** | | | **Phone calls** | **Tips** | | **Totals** |
| **Breakfast** | | | **Lunch** | **Dinner** | |
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| **Totals** | | |  | | |  |  | |  | |  | | | |  | | |  |  | |  |
| I hereby certify that the expenses claimed in this voucher were incurred for official business and the claim is as allowed by the company policy. | | | | | | | | | **Adv Acct** | | **Ref** | | | | **Amt** | | | **Total Expenses** | | |  |
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| **Traveler’s Signature Date** | | | | | | | | | | | | | | | | | | **Due Traveler** | | |  |
| **Due Company** | | |  |
| **Account** | | **Fund** | | | **Dept** | | | **Program** | | **Class** | | | **Project** | | | **Type** | | | | | **Amount** |
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| **Total Expenses** | | | | | | | | | | | | | | | | | | | | |  |
| **First Level Approval by (Name &Sign) Date** | | | | | | | | | | | | **Second Level Approval by (Name &Sign) Date** | | | | | | | | | |
| **Audited By** | | | |  | | | | | | | | **Received by Accounting Dept on date** | | | | | | | |  | |
| **Departmental Point of Contact for any Claim related Clarifications** | | | | | | | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | | | | | **Phone** | |  | | | | | | | |
| * **Ensure that this claim form is submitted along with the original supporting documents + photocopies of all documents.** * **A copy of this claim form should be retained for your records.** | | | | | | | | | | | | | | | | | | | | | |