

LOYOLA MARYMOUNT UNIVERSITY TRAVEL EXPENSE REPORT

NAME	DEPARTMENT/OFFICE	CAMPUS/BUILDING	PHONE EXTENSION
PURPOSE OF TRAVEL			
DATE			TOTALS
CITY			
1. Air/Train Fares			
2. Breakfast			
3. Lunch			
4. Dinner			
5. Hotel/Lodging			
6. Ground Transportation			
7. Personal Auto Reimb.			
8. Parking			
9. Registration			
10. Telephone			
11. Other			
12. TOTAL EXPENSES			

PAYMENT BY: CASH CHECK LESS: TRAVEL ADVANCE REQUEST # _____ ()

MAIL HOLD FOR PICKUP 13. NET DUE TO TRAVELER _____

MAILING ADDRESS: _____ OR 13. NET DUE TO L.M.U. ()
Street (ATTACH CHECK PAYABLE TO "L.M.U.")

City State Zip

ITEM #	DATE	AMOUNT	EXPLANATIONS (REQUIRED FOR ITEMS 6,7, 11)

BUDGET ACCOUNT #	AMOUNT
TOTAL (must equal 13, above)	

RECEIPTS ARE REQUIRED FOR ALL ITEMS EXCEPT TIPS

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 _____ DATE _____

OFFICE/DEPT. HEAD APPROVAL _____ DATE _____