UNIVERSITY OF LOUISIANA AT LAFAYETTE
Lafayette, Louisiana

Check Number _____

PART I

TRAVEL EXPENSE ACCOUNT

The Statement on Part II Must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

DATE OF CLAIM

DEPARTMENT OR ACCOUNT TO BE CHARGED

NAME OF EMPLOYEE

PERIOD OF TRAVEL

ADDRESS

FROM **HOUR**

CITY

TO **HOUR**

SUMMARY OF EXPENSES (PART II)

Personally-Owned Automobile	Sch. A $ _____	Travel Advance Issued
State-Owned Automobile	Sch. B $ _____	ADVANCE NO. _____
Other Travel Expenses	Sch. C $ _____	( ) Yes Amount _____
		( ) No
Total Reimbursement Due	$ _____	TRAVEL REQUEST NO. _____

1. Destination.

2. Purpose of Trip.

SAMPLE ONLY
Do Not Use

CERTIFICATE OF PAYEE

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the amounts charged for expenses, other than that of personally owned automobiles, were incurred on official business only and have actually been paid by me for travel and other expenses; that no part of the account has been paid by the state; and that the full amount is justly due.

Signed _____ Payee _____ Title or Position _____ Official Domicile

CERTIFICATE BY DEPARTMENT HEAD (SUPERVISOR)

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 .

_____ Date _____ Department Head (Supervisor)

FOR BUSINESS AFFAIRS USE ONLY

APPROP	GENERAL LEDGER	SEC.	ACCT.	C&O	AMOUNT
LESS: 011OT Travel Adv. Rec.					

AUDITED BY _____ DATE _____

APPROVED FOR PAYMENT BY _____

8/00

CHECK AMOUNT _____

PART II

Schedule A—USE OF PERSONALLY-OWNED AUTOMOBILE

DATE	TERRITORY TRAVELED—SHOW ALL POINTS	ODOMETER READING		MILES TRAVELED
		DEPARTURE	RET.	

Total Miles Traveled
Rate-Per-Mile Allowance

Add Lump-Sum Allowance
TOTAL REIMBURSEMENT—Schedule A $

Schedule B—USE OF STATE-OWNED AUTOMOBILE

DATE	DESCRIPTION OF TRIPS	LICENSE NO	MILES TRAVELED	PURCHASES		STORAGE	MISCELLANEOUS	
				GAS	OIL		DESCRIPTION	COST

SAMPLE ONLY
Do Not Use

TOTALS

TOTAL REIMBURSEMENT—Schedule B $

Schedule C—OTHER TRAVEL EXPENSES

DATE	HOUR		DESTINATIONS AND DAILY LOCATIONS	COMMON CARRIER COSTS	LODGING	MEALS		MISCELLANEOUS	
	DEP.	RET.				NO.	COST	DESCRIPTION	COST

TOTALS

TOTAL REIMBURSEMENT—Schedule C $