

(Please Type)

**TITLE III
TRAVEL EXPENSE STATEMENT
(Submit one for each trip)**

Name: _____ Date: _____

Address: _____ Department _____

Account Number: _____ Amount Paid: _____

Source of Expenditure _____

Purpose of Trip: _____

Event Location _____

Date and Time of Departure _____ Date of Return _____

Describe briefly the overall scope of events and evaluation: (Attach Agenda)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Description							
TOTALS							

Total Expense \$ _____
 Less Travel Advance (E-form _____) _____
 Less Amount Disapproved* _____
 Amount Due/Refunded (Receipt _____) \$ _____

Requestor _____

____ Approved ____ Unable to approve (See Note)*

Immediate Supervisor

____ Approved ____ Unable to approve (See Note)*

Division/Administrative Head

____ Federal Program Clearance of Applicable

I HEREBY CERTIFY THAT THE ABOVE REQUEST AND ACCOMPANYING COST _____ ARE
____ ARE NOT ALLOWABLE ITEMS AND EXPENDITURES WITHIN GRANT REGULATIONS.

____ Approved ____ Unable to Approve (See Note)*

Federal Program Officer

____ Approved ____ Unable to Approve (See Note)*

President

____ Approved ____ Unable to Approve (See Note)*

Comptroller

All receipts must be attached