

(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