MOREHOUSE COLLEGE

830 WESTVIEW DRIVE
ATLANTA, GEORGIA 30314

TRAVEL EXPENSE STATEMENT

NAME: _____ PURPOSE OF TRIP: _____

TRAVEL FROM (city): _____ TO (city): _____

DATE OF TRAVEL FROM: _____ TO: _____

TRAVEL ADVANCE CHECK DATE: _____ CHECK NO.: _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL
DATE:								
Meals								
Tips								
Hotel								
Taxi/Shuttle								
Transportation								
Parking								
Car Rental								
***Mileage**								
Telephone								
Banquet								
Registration Fees								
Other								
Total Per Day								

***MILEAGE: Total Actual Miles** _____ **x Rate** _____ **Total Mileage Expense** _____

Prepaid Travel Arrangements	
Vendor	**Amount**

SUMMARY	
TOTAL EXPENSES	
LESS CASH ADVANCE	
LESS PRE-PAID EXPENSE	
AMOUNT DUE COLLEGE	
AMOUNT DUE EMPLOYEE	

DEPARTMENT/PROJECT _____

COA	FUND	ORG	ACCOUNT	ACTIVITY	LOCATION	PROJECT	PERCENTAGE	*AMOUNT*
4							%	
4							%	

*****ORIGINAL RECEIPTS MUST BE SUBMITTED FOR ALL EXPENSES EXCEPT MILEAGE.*****

Signed: _____ Date: _____

Department Head: _____

Business Office: _____ Date: _____

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