XAVIER BUSINESS & TRAVEL EXPENSE REPORT

Please download.
Use Adobe to complete form.

NAME _____ **ML** _____

HOME ADDRESS _____ **EXT.** _____

BANNER ID#: _____

Purpose of Trip:

Reset Form

1. SECTION A: Expenses Incurred

Mode of Travel: Select from List

Date	Travel Destination From	Travel Destination To	Personal Auto Miles Driven	Personal Auto Allowance @_____/mile	Other Trans-portation	Lodging	TOTAL TRVL COST	AAA or PCARD or EXP CLM
				$0.00			$ 0.00	SELECT ONE
				$0.00			$ 0.00	SELECT ONE
				$0.00			$ 0.00	SELECT ONE
				$0.00			$ 0.00	SELECT ONE
				$0.00			$ 0.00	SELECT ONE
				$0.00			$ 0.00	SELECT ONE
				$0.00			$ 0.00	SELECT ONE
				$0.00			$ 0.00	SELECT ONE
						Subtotal Total Trvl Exp	$ 0.00	

2. SECTION B: Meals Expenses Incurred (Per Diem)

Breakfast	Lunch	Dinner	OTHER ALLOWABLE PER DIEM EXPENSES Other	Amount	DAILY TOTAL
			SELECT ONE		$0.00
			SELECT ONE		$0.00
			SELECT ONE		$0.00
			SELECT ONE		$0.00
			SELECT ONE		$0.00
			SELECT ONE		$0.00
			SELECT ONE		$0.00
			SELECT ONE		$0.00
			Subtotal Meals & Per Diem Exp		$0.00

PLEASE NOTE: This form is for reporting purposes only. If you require reimbursement for allowed expenses, please use the Expense Claim system in XavierBuy. No receipts are required to be submitted for Per Diem. Please remember any unspent per diem must be returned to the University - Write your check to Xavier University and deliver to Accounts Payable/ ML 7212 with this form.

3. SECTION C: Business Meals and Entertainment

Date	Dining Establishment	Nature of Business Conducted	Names of All Present	Business Relationship of Guests	Amount	EXP CLM OR PCARD
						SELECT ONE
						SELECT ONE
						SELECT ONE
						SELECT ONE
						SELECT ONE
						SELECT ONE
SUBTOTAL Business Expenses					$0.00	

4. SECTION D: FOAP for Charging

Fund	Org	Account	Prog.	Amount

Total Expense
This should Equal REPORT TOTAL $0.00

Traveler must email this completed form to their approver. Once approved, the approver may use the button below to submit.

5. SECTION E: Certification & Authorization:

I certify this expense report is a true and accurate accounting of expenses incurred on authorized University or grant approved business and are fair charges against Xavier University. Amounts not approved or considered excessive by the University are authorized to be adjusted. Meals covered using per diem funds are not to be charged to PCards nor are they subject to additional reimbursement.

Traveler Signature_____ Date _____

Budget Administrator_____ Date _____

Immediate Supervisor/
Dean or Department Head _____ Date _____

Per Diem Received: _____
(enter as negative):

Unspent Per Diem due Xavier: $ 0.00
If amount is negative, payment due to XU

Per Diem Expense for total FOAP: $ 0.00

Total Allowable Trip Expense $0.00

XAVIER UNIVERSITY
3800 Victory Parkway
Cincinnati, OH 45207-7212
513-745-3199

ORIGINAL RECEIPTS MUST BE SUBMITTED in XavierBuy OR PCARD RECONCILIATION. ANY UNUSED PER DIEM FUNDS MUST BE RETURNED TO XAVIER.

Click HERE to Return APPROVED form to Accounts Payable, Accounts_Payable@Xavier.edu WITHIN 60 DAYS OF COMPLETION OF TRAVEL