



# Travel Expense Summary

PLEASE COMPLETE THE HIGHLIGHTED AREAS

Payee \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Purpose of Trip \_\_\_\_\_ Destination \_\_\_\_\_

Budget Number

Index	Fund	Org	Account	Program	Activity	Amount

Note: Original itemized receipts are required to be attached for lodging, commercial transportation, registration fees, supplies, and any other unusual or relatively large expenses.

Budget Number

Index	Fund	Org	Account	Program	Activity	Amount

Mail reimbursal form to:  
Missouri Center for Career Education  
T.R. Gaines 302  
Warrensburg, MO 64093

Budget Number

Index	Fund	Org	Account	Program	Activity	Amount

Date	Travel		Reimbursable Miles	Breakfast	Lunch	Dinner	Lodging	Other	Amount of Other Expense	Total Expenses for Day
	FROM	TO								
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -

Reimbursable Miles: \_\_\_\_\_ Total Reimbursable Miles and Daily Expenses = \_\_\_\_\_

I certify that the statements on the above schedule area true and accurate account of actual and necessary expenses incurred in the performance of official business for Central Missouri State University. I further certify that none of the items claimed on this form have been charged to the University Procurement Card.

Payee Signature: \_\_\_\_\_

Date

Approved by: \_\_\_\_\_

Department Chair/Grant Project Director

Date

Approved by: \_\_\_\_\_

Dean/Vice President/President

Date

Reviewed by: \_\_\_\_\_

Accounts Payable

Date

Airfare prepaid \_\_\_\_\_

Registration prepaid \_\_\_\_\_

Rental Car \_\_\_\_\_

Fuel \_\_\_\_\_

Parking \_\_\_\_\_

**Amount Due Employee** \_\_\_\_\_