

Budget Unit Title: _____

Northwestern State University of Louisiana
TRAVEL EXPENSE ACCOUNT

- T-Card
- Personal Reimbursement
- Check to Vendor

Budget Unit Index: _____

Form must be opened in Adobe Acrobat to access all features

Name	Vendor Number/CWID	Date of Claim
Address	Office Domicile	Telephone #
City, State, Zip	Date(s) of Travel: <i>(Beginning Date to End Date)</i>	
Purpose and Location of Travel		

Expense Summary of Reimbursable Items:

Mode of Travel:	<input type="checkbox"/> Personal Vehicle	<input type="checkbox"/> University Vehicle	<input type="checkbox"/> Rental		\$ _____		
	<input type="checkbox"/> Airfare	<input type="checkbox"/> Other: _____		<i>(Paid by Traveler)</i>	\$ _____	\$ _____	
Lodging				\$ _____			
Meals				\$ _____			
Tolls/Parking/Tips					\$ _____		
Registration					\$ _____		
Other Reimbursable					\$ _____		
Amount of Travel Advance Received by Traveler				\$ _____	Total Reimbursable Items		\$ _____

Business Affairs Remarks

Date	HOUR		Territory traveled – Show all points visited Beginning and Ending Odometer Readings for Personal Vehicle must be listed. If additional lines are needed, us the Travel Expense Account Continuation. Yes No	Miles Traveled	Detail of Summary			Tolls & Parking	Tips	Other Reimbursable Items	
	Departure	Arrival			Lodging	Meals				Description	Costs
						No.	Cost				

Certification of Payee: I certify that this expense account is just and true in all respects; that the distance shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

I certify that the charges set forth on this expense account have been examined by me. That the services for which the charges are made were necessary and proper; and that in my opinion the amounts claimed are just and reasonable.

Signed by payee

Title or Position

Prepared By

Budget Unit Head Date

Approving Agent *(if applicable)* Date

President *(if applicable)* Date

INDEX	FUND	ORGN	ACCT	Description	Amount

CHK#