

**WORKSHEET**  
**DAILY SCHEDULE OF OFFICIAL TRAVEL EXPENSES**

Name: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_  
If research, include organization & contact names. If a conference, include title and an agenda/announcement.

From: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ to: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date & time of departure: \_\_\_\_\_

Date & time of return: \_\_\_\_\_

Funding for trip (what account to be charged): \_\_\_\_\_

Was any part of your trip direct billed to the department: \_\_\_\_\_

I certify that this statement is true and proper documentation is attached: \_\_\_\_\_  
signature required for reimbursement

**Expenses will not be reimbursed without proper documentation.**

All receipts must be original, & itemized. no photo copies allowed.  
Lodging or rental car receipts must be itemized.  
Request must be submitted within 60 days of trip end date.

Date	
Limousine or Taxi Fare	
Limousine or Taxi Fare	
Baggage Tip	
Lodging	
Breakfast	
Lunch	
Dinner	
Fees (Auto Park, etc.)	
Auto Rental	
Transportation Fees	
Unusual Expenses	
Personal Auto Mileage	

Date	
Limousine or Taxi Fare	
Limousine or Taxi Fare	
Baggage Tip	
Lodging	
Breakfast	
Lunch	
Dinner	
Fees (Auto Park, etc.)	
Auto Rental	
Transportation Fees	
Unusual Expenses	
Personal Auto Mileage	

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Auto Rental	
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