

Life University

Post-Travel/Reimbursement Expense Report

NAME: _____ DEPARTMENT: _____ DEPT. EXPENSE CODE: _____

DESTINATION: _____ DATES OF TRAVEL: _____ (TO) _____ / _____ (FROM)

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
TRANSPORTATION								
AIR								
TAXI								
RENTAL CAR (must be authorized)								
OTHER (explain on reverse)								
AUTO @.25 / @.17 MILE								
MEALS: BREAKFAST								
LUNCH								
DINNER								
LODGING								
FEES, ETC.								
TIPS								
PHONE CALLS								
SUPPLIES								
MISC. (explain on reverse)								
TOTAL COST								

1. Receipts required. RECEIPTS MUST BE VALIDATED BY CASH REGISTER OR OTHER ELECTRONIC MEANS. Receipts should not be filled out and signed by the employee traveling.
2. Expense Reports must be submitted within 3 days of completion of travel.

The above expenses were incurred in accordance with approved Life College travel policy as published in the Employee Handbook and were for official Life College business.

ADVANCE	
BALANCE DUE (REFUND)	
BALANCE DUE (COLLEGE)	

TRAVELER'S SIGNATURE _____ DATE _____
 Recommend Approval: _____

Approved: _____

DEPARTMENT HEAD _____ DATE _____
 DEAN/DIVISION HEAD _____ DATE _____

V.P. OR APPROPRIATE DIRECTOR _____ DATE _____

