

## LOYOLA MARYMOUNT UNIVERSITY TRAVEL EXPENSE REPORT

NAME	DEPARTMENT/OFFICE	CAMPUS/BUILDING	PHONE EXTENSION
PURPOSE OF TRAVEL			
DATE			<b>TOTALS</b>
CITY			
1. Air/Train Fares			
2. Breakfast			
3. Lunch			
4. Dinner			
5. Hotel/Lodging			
6. Ground Transportation			
7. Personal Auto Reimb.			
8. Parking			
9. Registration			
10. Telephone			
11. Other			
12. <b>TOTAL EXPENSES</b>			

PAYMENT BY: CASH  CHECK  LESS: TRAVEL ADVANCE REQUEST # \_\_\_\_\_ ( )

DIRECT DEPOSIT  13. NET DUE TO TRAVELER \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ OR 13. NET DUE TO L.M.U. ( )  
Street (ATTACH CHECK PAYABLE TO "L.M.U.")

\_\_\_\_\_  
City State Zip

ITEM #	DATE	AMOUNT	EXPLANATIONS (REQUIRED FOR ITEMS 6,7, 11)

BUDGET ACCOUNT #	AMOUNT
TOTAL (must equal 13, above)	

RECEIPTS ARE REQUIRED FOR ALL ITEMS EXCEPT TIPS

**I hereby certify that the expenses reported above are, to my knowledge, true and correct and were incurred by me in the performance of University business.**

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

OFFICE/DEPT. HEAD APPROVAL \_\_\_\_\_

DATE \_\_\_\_\_