

LOYOLA MARYMOUNT UNIVERSITY STUDENT TRAVEL EXPENSE REPORT

NAME	LLS E-MAIL	TELEPHONE NUMBER
PURPOSE OF TRAVEL		
DATE		TOTALS
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. TOTAL EXPENSES		

PAYMENT BY: CASH CHECK DIRECT DEPOSIT LESS: TRAVEL ADVANCE REQUEST # _____ ()

MAIL HOLD FOR PICKUP 13. NET DUE TO TRAVELER ()

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

CA
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.

SIGNATURE _____ DATE _____

FACULTY ADVISOR APPROVAL _____ DATE _____

ASSOCIATE DEAN APPROVAL _____ DATE _____