

**BRADLEY UNIVERSITY
TRAVEL EXPENSE REPORT**

Effective 04/13

NAME: _____ DEPARTMENT: _____

DATES OF TRAVEL: _____

BUSINESS PURPOSE: _____

Form must be received in Controller's Office within 60 days from last date of travel.

Reimbursement requests will need to be submitted prior to the University's year-end close (or grant closing dates).

Please see instructions on next page. Use additional sheets if necessary.

ACCOUNT(S) TO BE CHARGED

(**Amounts should balance with total below)

Date Destination	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL EXPENSES	University Paid Expenses		
									BU VISA	Direct Bill	Prepaid Expenses
TRANSPORTATION COSTS											
1. Airplane Fare											
2. Railroad Fare											
3. Public Ground Transportation											
4. a. Private Auto Mileage	<i>(Complete Private Automobile Section on Following Page)</i>										
b. University-Owned Vehicle											
c. Rental Vehicle											
d. Other (Tolls, Parking, etc.)											
RELATED TRAVEL EXPENSE											
5. Hotel/Motel Room & Tax											
6. Phone & Communications											
7. Meeting Registration Fees											
8. Other											
PER DIEM											
Partial Per Diem for Travel Day											
Full Day Per Diem (or)											
Breakfast Per Diem											
Lunch Per Diem											
Dinner Per Diem											
BUSINESS GUEST <i>(Complete Other Expense & Substantiation Section on Following Page)</i>											
Total this page											
Forwarded from prior page											
TOTAL EXPENSE											

Cash Advance
Balance due from or (to) the University**

TRAVELER CERTIFICATION - I certify that the above amount is correct and just; that the detailed items are in compliance with all University policies and procedures and IRS regulations; and that the expenses were occasioned by official University business. If such expenditures are charged against a grant or contract, I also certify that only allowable expenditures, as determined by the sponsoring agency and in accordance with the project budget, have been incurred and are being requested for reimbursement.

APPROVER CERTIFICATION - By signing this form, I affirm to the completeness and mathematical accuracy of the form and that all necessary documentation is provided. I also approve the business purpose and funding account(s) for the expenditures.

Traveler Signature

Date

**Supervisor/Dept. Chair/Director
Dean or Associate Provost**

Date

Dean/Provost/Vice President Signature
(if required)

Date