BRADLEY UNIVERSITY
TRAVEL EXPENSE REPORT

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.

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<th>Date</th>
<th>SUN</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THUR</th>
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**TRANSPORTATION COSTS**

1. Airplane Fare
2. Railroad Fare
3. Public Ground Transportation
4. a. Private Auto Mileage  
   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**

(Complete Other Expense & Substantiation Section on Following Page)

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.

________________________________________________  
________________________________________________

University Paid Expenses

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<th>BU</th>
<th>Direct</th>
<th>Prepaid</th>
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<tr>
<td><strong>TOTAL EXPENSES</strong></td>
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**Accounts To Be Charged**

(**Amounts should balance with total below)**
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<th>REIMBURSEMENT AMOUNT</th>
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**Total Allowed Reimbursement**

Balance due from or (to) the University: ________________________________