

Appendix C



Name

Mailing

Address

or Location

Date _____

Please submit completed report with employee and supervisor signatures to the Business Office by the 25th of each month.

Overnight travel should be completed on separate form and submitted within 5 days of return from trip.

Date	Business Purpose of Expenses From To		Transportation Codes				Meals Including Tips (attach receipts)	Lodging (attach receipts)	Miscellaneous or Other Expense (attach receipts)	Daily Totals
			P=Private Auto(enter miles) R=Rental Auto		U=UACP Auto(attach fuel receipts) T=Taxi					
			Code	Miles	Rate	Amount				
				\$0.40		B				
				\$0.40		L				
				\$0.40		D				
				\$0.40		B				
				\$0.40		L				
				\$0.40		D				
				\$0.40		B				
				\$0.40		L				
				\$0.40		D				
<i>Column Totals</i>										

Signature and Approvals	Date
Employee	
Supervisor	

Total from Attached Pages	
Total Expenses Due Employee	