

OAKWOOD UNIVERSITY

TRAVEL REPORT

(Submit to the Accounting Office within one week after trip)

NAME _____ SSN EX ID# _____ DATE _____

TRIP DATE: From: _____ to _____ LOCATION _____

TYPE OF MEETING _____

BUDGET # CHARGED: Institution: _____

Federal: _____

EXPENSES:

Plane Fare (Receipt Required) _____

_____ Miles traveled at \$0.38 per mile _____

Hotel/Motel Bills (Receipt Required) _____

Per Diem _____ days(s) at \$ 39.00 per day _____

Registration Fees (Receipt Required) _____

Other Expenses (Itemized):

TOTAL EXPENSES: \$ _____

Less Travel Advance (Check No. _____) \$ _____

BALANCE DUE: (University: _____ Employee: _____) \$ _____

EMPLOYEE'S SIGNATURE: _____

APPROVED BY: _____
Department/Division Head

University Officer/President

(PLEASE ATTACH ALL NECESSARY RECEIPTS)
