



PID: _____
BALANCE: _____
TR #: _____

TRAVEL EXPENSE REPORT

Traveler _____ Department _____ Account No. _____
Destination _____
Departure Date _____ Time _____ Return Date _____ Time _____
Purpose of Trip _____

If personal vehicle used, list names of employees/students traveling with you : _____

Include additional information pertinent to processing of this report: _____

Actual Travel Expenses

MEALS AND LODGING EXPENSES

Date	Breakfast	Lunch	Dinner	Lodging	Total

TOTAL MEALS AND LODGING EXPENSES

Low Cost Cities: Breakfast \$13.00, Lunch \$19.00, Dinner \$32.00
High Cost Cities: Breakfast \$15.00, Lunch \$22.00, Dinner \$37.00
Receipts are required except for meals and mileage

TRANSPORTATION

Check here if paid with LC credit card. **Airfare** _____
Check here if billed to Laredo College. **Rental** _____
Personal Vehicle _____

MILES ($\$$ x _____) _____
MEALS _____
LODGING _____
REGISTRATION _____
OTHER _____
OTHER _____
OTHER _____
OTHER _____
OTHER _____
OTHER _____

TOTAL TRAVEL EXPENSES

AMOUNT PAID BY/BILLED TO LC _____
ACTUAL OUTLAYS _____
ADVANCE PAYMENT AMOUNT _____
AMOUNT DUE TRAVELER / (COLLEGE) _____
BURSAR'S OFFICE RECEIPT# _____

TRAVELER'S CERTIFICATION

I certify that this travel expense report includes only reimbursable travel expenses incurred on official business. I have not included expenses that have or will be reimbursed by any other agency. The travel expense report and attached receipts are true and complete. I will reimburse any amount due to Laredo College within fifteen days or be subject to payroll deduction for said amount.

Traveler's Signature

Dean's Signature (when applicable)

Supervisor's Signature

Associate Provost's Signature (when applicable)

Associate Vice President's Signature (when applicable)

Provost/Vice President's Signature

FOR ACCOUNTING OFFICE USE

Total Travel Expense \$ _____ [] Paid Traveler (Check No. _____) \$ _____

Less Amount Advanced \$ _____ [] Received From traveler (Receipt No. _____)

Due Traveler (Due LC) \$ _____

_____ Accounting Office Signature

_____ Date Finalized