Print Clear Form

BGSU Bowling Green State University

Travel Expense Report

Rev. 07-08

CONTROLLER's OFFICE USE ONLY
PHC:
VOUCHER:

Department Name: _____
Traveler's Name: _____
Mailing Address: _____
City, State, ZIP: _____
BGSU ID Number: * _____ ☐ Hold check for pickup
Phone #: _____

Room:
☐ Single
☐ Double ☐ Shared with BGSU Employee

Others traveling in same vehicle:

Purpose of travel:

Itinerary – Enter travel points and final destination below.

Date	From	Dep. Time	To	Arr. Time	Miles
Total Mileage Requested for Reimbursement……					0.00

Expenses – Include all prepaid expenses, such as airfare and registrations in Prepaid column.

Prepaid	ENTER DATES →								Total	Account
	Registration Fees								$0.00	54010
	Air / Rail / Bus								$0.00	54020
	Lodging								$0.00	54030
	Breakfast									
	Lunch									
	Dinner									
	Total (All Meals)								$0.00	54040
	Mileage ($.585/mile)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	54050
	Other: Cab/Limo									
	Other: Parking/Tolls									
	Other: Auto Rental									
	Other:									
	Other:									
	Total:(Other Expenses)								$0.00	54060
$0.00	Column Totals	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	

I hereby certify that the statements made hereon are true and that the expenses incurred were in accordance with the University Travel Policy. I further certify that I have motor vehicle liability insurance as required by Ohio State Law.

Signature of Traveler _____ Date _____

Signature of Budget Administrator _____ Date _____

Printed Name of Budget Administrator _____ Title _____

ACCOUNTS TO BE CHARGED

DCC=Department Cost Center

Fund	DCC or Project/Grant	Program	Account	Amount
Total ……..				$0.00

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