



# Travel Expense Report

**BUSINESS OFFICE USE ONLY**

PHC:

Rev. 01-09

VOUCHER:

Department Name: _____ Traveler's Name: _____ Mailing Address: _____ City, State, ZIP: _____ BGSU ID Number: _____ <input type="checkbox"/> Hold check for pickup Phone #: _____	Room: <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Shared with BGSU Employee  Others traveling in same vehicle: _____
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**Purpose of travel:** \_\_\_\_\_

**Itinerary** – Enter travel points and final destination below.

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

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

Prepaid	ENTER DATES →								Total	Account
	Registration Fees									54010
	Air / Rail / Bus									54020
	Lodging									54030
	Breakfast									
	Lunch									
	Dinner									
	Total (All Meals)									54040
	Mileage (\$.55/mile)									54050
	Other: Cab/Limo									
	Other: Parking/Tolls									
	Other: Auto Rental									
	Other:									
	Other:									
	Total:(Other Expenses)									54060
	Column Totals									

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

<b>ACCOUNTS TO BE CHARGED</b>				
DCC=Department Cost Center				
Fund	DCC or Project/Grant	Program	Account	Amount
Total .....				