

## **CHRISTIAN BROTHERS UNIVERSITY** Travel Expense Form

CBU	i ravei Expense For				TODAY'S DATE:				
EMPLOYEE NAME:	ID or EPO:					DE	PARTMENT:		
DESTINATION:						_	TURE DATE:		
PURPOSE of TRIP:							RETURN DATE:		
TYPE of EXPENSES	SUN	MON	TUES	WED	THU	FRI	SAT	EXPEN	SE
DATES of EXPENSES:							<b>9111</b>	TOTAL	
EVENT: Registration, etc.								\$	-
LODGING: Hotel			Ì					\$	-
TRANSPORTATION: Airfare			İ	Ì	Ì			\$	-
Baggage Fee								\$	-
Uber/Lyft/Taxi/Bus/ Shuttle								\$	-
Rental Car								\$	-
Auto Fuel								\$	-
Parking								\$	-
Toll Road Fees								\$	-
Mileage (Personal Auto Use) Mileage Amt @ \$.575/mi.								¢	2000
								\$	_
MEALS: breakfast lunch								\$	
dinner								\$	<u> </u>
snacks								\$	_
GROUP MEAL/ENTERTAINMENT								T	
Purpose & Attendees etc. >		l.	1	1	1				200
OTHER - MISCELLANEOUS								\$	-
Explain Other-Misc Expenses >		l.	1	1	1				
						Total Trave	Expenses	\$	-
	Less Travel Advance							\$	-
Reimbursement or refund am	ount to be p	oosted to:				Amt Due	Returned	\$	-
FUND	ORG		ACCT			,			
Travel-Related Expenses Disbursed Prior to This Claim Paid from: FUND-ORG-AC							RG-ACCT	Amoui	nt
								\$	-
Pre-Travel Disbursement Total								\$	-
TRAV	EL GRAND	TOTAL, inc	luding pre-t	ravel & pos	t-travel disb	ursements	\$		-
Francisco von continu travel			mounts 4\ no	malata thia	form 2) offe	ah all ODIC	NAL/DETAIL	ED vession	- 2\
Employees requesting travel obtain all applicable approva									
obtain an applicable applova	-	-	ormation, re			erayeu ii ion	ii is returnet	i io you uu	6 10
*									
* I certify that all entries are expenses for legitimate travel purposes on behalf of CBU.							Date:		
* Employee Signature:  Supervisor Approval:							Date:		
Supervisor Approval:  Supervising VP Approval:							Date:		
\$750 & over CFO-VP/AF Approval:							Date:		
							•		
Disposition: mail	return to	box #		provid	te email add	ress for picl	(up		