SIU FOUNDATION
SOUTHERN ILLINOIS UNIVERSITY FOUNDATION

Reset Form

Travel Expense Documentation

Preparer: Department: E-mail: Phone:

Traveler Name:	Accompanied by:	Departed (Date / Time)	Returned (Date / Time)

Destination: Purpose of Trip:

Mode of Travel: Plane ◯ Univ. Auto ◯ Personal Auto ◯ Other ◯ Rental ◯

I certify that the below amount is correct and just; that the detailed items charged for subsistence were actually paid; that the expenses were occasioned by official business or unavoidable delays requiring the stay at hotels for the time specified; that the journey was performed with all practicable dispatch by the shortest route usually traveled in the customary reasonable manner; and that I have not been furnished with transportation or money in lieu thereof for any part of the journey therein charged for.

Traveler Signature date Supervisor Signature date

Was a registration fee paid? ◯ Yes ◯ No

Date mm/dd	Description	personal auto mileage	personal mileage reimburse	Trans.	Lodging / Parking	Per Diem Only	Meals Deduction	Other	Total
	TOTALS:								
								Less previously paid or reimbursed	
								Less not allowed	
								Amount Due Traveler	

Date	Comments