



XAVIER UNIVERSITY OF LOUISIANA
 One Drexel Dr.
 New Orleans, LA 70125

TRAVEL EXPENSE REPORT

NAME:				XULA ID:			
<i>Last</i>		<i>First</i>		<i>M.I.</i>			
ADDRESS:				CAMPUS EXT:			
<i>Street</i>		<i>City</i>		<i>State</i>		<i>Zip Code</i>	
DESTINATION:				ACCOUNT TO BE CHARGED:			
ORGANIZATION:							
PURPOSE:							
				<i>FUND</i>		<i>ORGN</i>	
				<i>ACCT</i>		<i>PROG</i>	

	<i>SUNDAY</i>	<i>MONDAY</i>	<i>TUESDAY</i>	<i>WEDNESDAY</i>	<i>THURSDAY</i>	<i>FRIDAY</i>	<i>SATURDAY</i>	<i>TOTAL</i>
<i>DATES OF TRAVEL</i>								
<i>REGISTRATION</i>	\$	\$	\$	\$	\$	\$	\$	\$
<i>AIRFARE</i>								
<i>HOTEL</i>								
<i>BREAKFAST</i>								
<i>LUNCH</i>								
<i>DINNER</i>								
<i>MEALS FOR OTHERS</i>								
<i>GROUND TRANSPORTATION</i>								
<i>MILEAGE (\$0.50) /MILE</i>								
<i>MOVING EXPENSE</i>								
<i>HONORARIA</i>								
* <i>TELEPHONE</i>								
* <i>OTHER EXPENSES</i>								

<i>* DETAILS OF TELEPHONE & OTHER EXPENSES</i>		
<i>DATE</i>	<i>AMOUNT</i>	<i>EXPLANATION</i>

<i>TOTAL</i>
<i>LESS ADVANCES</i>
<i>DUE TO UNIVERSITY</i>
<i>DUE TO TRAVELER</i>

Make check payable to: _____

 Signature of Traveler Date

 Approval of Dept. Chairperson Date

 Approval of Grant/Project Manager Date

 Approval of Dean Date

 Approval of Accounting Dept. Date