



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

# TRAVEL EXPENSE REPORT

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

DATES OF TRAVEL	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL
REGISTRATION	\$	\$	\$	\$	\$	\$	\$	\$
AIRFARE								
HOTEL								
BREAKFAST								
LUNCH								
DINNER								
MEALS FOR OTHERS								
GROUND TRANSPORTATION								
MILEAGE (\$.48/MILE)								
MOVING EXPENSE								
HONORARIA								
* TELEPHONE								
* OTHER EXPENSES								

* DETAILS OF TELEPHONE & OTHER EXPENSES		
DATE	AMOUNT	EXPLANATION

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

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