



OFFICE OF FISCAL SERVICES

XAVIER UNIVERSITY OF LOUISIANA

TRAVEL EXPENSE REPORT

1. EMPLOYEE/PAYEE INFORMATION

NAME: _____ XULA ID: _____
 ADDRESS: _____
 EMAIL: _____ CAMPUS EXT.: _____

2. BUSINESS PURPOSE

LOCATION OF TRAVEL : _____ DATES OF TRAVEL: _____
 TRIP DETAIL/PURPOSE: _____

3. FUNDING

Fund	<input type="text"/>	Orgn	<input type="text"/>	Acct.	<input type="text"/>	Prog.	<input type="text"/>	Actv	<input type="text"/>	Amt.	<input type="text"/>
Fund	<input type="text"/>	Orgn	<input type="text"/>	Acct.	<input type="text"/>	Prog.	<input type="text"/>	Actv	<input type="text"/>	Amt.	<input type="text"/>
Fund	<input type="text"/>	Orgn	<input type="text"/>	Acct.	<input type="text"/>	Prog.	<input type="text"/>	Actv	<input type="text"/>	Amt.	<input type="text"/>

4. TRAVEL ADVANCE INFORMATION

DATES OF TRAVEL									TOTAL
REGISTRATION	\$	\$	\$	\$	\$	\$	\$	\$	\$
AIRFARE									
HOTEL									
GSA RATE									
ACTUAL MEALS									
GROUND TRANSPORTATION									
MILEAGE									
OTHER EXPENSES									

DETAILS OF OTHER EXPENSES

DATE	AMOUNT	EXPLANATION	Total
			Less Advance
			Due to University
			Due to Traveler

Make check payable to: _____

5. APPROVALS

Dean/Division Chair/Department Head/President/Provost		
Print Name:	Signature:	Date:
Print Name:	Signature:	Date:
Accounting Department		
Print Name:	Signature:	Date:
Grant/Project Manager		
Print Name:	Signature:	Date:
Traveler		
Print Name:	Signature:	Date: