

TRAVEL EXPENSE REPORT

(Please **PRINT** legibly all information on this form)

NAME (Legal):	DEPARTMENT:	SSN or GWU ID:
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DETAILED PURPOSE OF TRIP:

DATE	DAILY ITINERARY		MILEAGE		GAS PARKING TOLLS AIRFARE	LODGING	MEALS	PHONE	MISC.	DAILY TOTAL
	FROM (City)	TO (City)	# OF MILES	# x .32						
COLUMN TOTALS										

Itemized receipts must be attached for ALL expenses. Up to \$30 a day (including tax and gratuity) may be claimed for meals. Please see your Vice President or Associate Provost for specific meal allowances.

Checks for preauthorized reports turned in by one Friday will be available in the Business Office on the following Friday if employed on campus. All other checks will be mailed to the home address on file.

Explanation of Miscellaneous Expense:

Total Expense: _____

Less Advance: _____
(Only if clearing)

Total Due Me: _____
OR
Total Due GWU: _____

Signature: _____ Date: _____ Approval: _____ Date: _____

Account(s) to be Charged: _____ Approval: _____ Date: _____