The University of Scranton Travel Expense Report

The state of the s				ID:		
Name:			Date:		(For Accounts Pa	
Royal ID#		E 1/0	ran & Acct			
Department:			ent Phone:			
Purpose of						
Travel:		Depa	arture Date:		Time:	
Project:					_	
Cash Advance			Expenses		_	\$0.00
		EXPLANATION (Itemized):				
DATE	Reimbursable Expenses			AMO	UNT	
				SUBTOTAL	\$	-
		_ANATION (Itemized):		TRANS		
DATE	(University Issu	ued) Purchasing Card Expens	ses	ID#	AMO	UNT
			(SUBTOTAL	\$	-
Re	ecipient		Tota	al Expenses	\$0.	00
(Signature)		Purchasing Card/Prepaid Expenses			Ψ0.	
					\$	-
Donostas cataland		Amount of Advance Descived			6	
Department Head (Signature)		Amount of Advance Received Subtracted from Total Expenses Balance Due Recipient				-
					\$	-
Budget Supervisor						
(Signature)		Balance Due University			\$	-

Per Diem Allowances should not be requested when meals are included in registration fees or paid for by others. By signature, Per Diem meals requested above indicate the traveler did not participate in a meal provided at that time.

Original must be submitted to Accounts Payable within thirty (30) days of return. Original dated receipts that are not letter size must be taped to a white sheet of paper. Original receipts are required. Check voucher is not required. Copy of Itinerary must be attached.