

University of Denver Travel Expense Report

Traveler's Name: _____ Department: _____
 Travel Dates: From: _____ To: _____ Phone #: _____ Email: _____
 Destination: _____
 Purpose of Trip: _____

TRANSPORTATION					DU Purchasing Card	Paid directly by DU	Reimbursement to Traveler
Air Fare	Airline: _____						
Car Rental	Agency: _____						
Personal Auto	Miles: _____	X	0.505	per mile			\$ -
Taxi							
Shuttle							
Airport Parking							
Other							
TOTAL					\$ -	\$ -	\$ -

LODGING	Location	Arrival Date	Departure Date	DU Purchasing Card	Paid directly by DU	Reimbursement to Traveler
TOTAL				\$ -	\$ -	\$ -

MEALS (Do not exceed per diem rate on charges to Grant funds - 3XXXX)								
Dates	Location	Per diem rate	Breakfast	Lunch	Dinner	DU Purchasing Card	Paid directly by DU	Reimbursement to Traveler
TOTAL						\$ -	\$ -	\$ -

OTHER EXPENSES	Description	DU Purchasing Card	Paid directly by DU	Reimbursement to Traveler
Registration Fee				
Phone calls				
TOTAL		\$ -	\$ -	\$ -

TRAVEL ADVANCE				
Fund	Org	CS Actv Cd	Account	Amount
				\$ -
				\$ -
TOTAL ADVANCE				\$ -

TOTAL EXPENSES / REIMBURSEMENT		Amount
Mode of Transportation		\$ -
Lodging		\$ -
Meals		\$ -
Other Expense		\$ -
TOTAL ALL EXPENSES		\$ -
Less	Travel Advance	\$ -
	Charges to DU Purchasing Card	\$ -
	Charges Paid Directly by DU	\$ -
TOTAL REIMBURSEMENT TO TRAVELER		\$ -

DISTRIBUTION OF REIMBURSEMENT:				
Fund	Org	CS Actv Cd	Account	Amount
TOTAL REIMBURSEMENT				\$ -

Certification	Approval
I hereby certify that the above expenses stated are correct, and that I have paid out the amounts shown above.	I certify that I have examined the above claim; that travel was authorized to and from points claimed; and that all expenses pertain to University business.
Signature of Traveller _____	Budgetary head _____
Date _____	Date _____
OSP Approval: _____	Date: _____