

LA SIERRA UNIVERSITY

EXPENSE REPORT

Ref. #

NAME: _____ DEPT: _____ DATE: _____

MAILING ADDRESS: _____

ID # _____ EXT. # _____

ORIGINAL RECEIPTS MUST BE ATTACHED

REPORTABLE EXPENSES		TOTALS	OTHER TRAVEL EXPENSES			TOTALS
PROVIDE DESCRIPTION OF BUSINESS PURPOSE			Overnight travel requires pre-approved Travel Application			
MISCELLANEOUS SUPPLIES			Date	Destination	TRAVEL FARE	
STAFF MEALS			Date	HOTEL (Requires Travel Application)	# of Nights	
OTHER EXPENSES						
			Date	Per-diem		
				____ day(s) @ 1		
				____ day(s) @ \$20 (one meal)		
				____ day(s) @ \$14 (fully entertained)		
			TRANSPORTATION (Taxi, Shuttle, Train, etc.)			
REGULAR TRAVEL-NO overnight stay			RENTAL CAR ____ days			
Date	Per-diem					
	____ day(s) @ \$41					
	____ day(s) @ \$20 (one meal)					
	____ day(s) @ \$14 (fully entertained)					
Date	Destination	Miles				
			Total mileage @			
			Total mileage @			
** TOTAL REPORTABLE EXPENSES			TOTAL OTHER TRAVEL EXPENSES			
			** TOTAL REPORTABLE EXPENSES			
			LESS: CASH ADVANCE			
			TOTAL EXPENSE REPORT			\$

I certify by my signature that the expenses listed on this expense report are true and accurate and are related to LSU business.

EMPLOYEE SIGNATURE: _____

DEPT. HEAD/CHAIR (Print Name): _____

SIGNATURE: _____

VP/DEAN (Print Name): _____
(Required if over \$1,000)

SIGNATURE: _____

FUND	ORG	ACCOUNT	AMOUNT

(Please send to Accounting)