



Travel Expense Report (TER)

Traveler's Information

Traveler Name _____ Banner ID# _____
 Department _____
 Trip Destination _____ Trip Dates _____

Was a TAAR approved? Yes No

Did you Entertain a Guest? Yes No

If Yes, please attach approved TAAR

If Yes, please complete the Entertainment Attachment

If No, please describe the business purpose of the trip:

Conference / Workshop Title (if applicable) _____ Attach Conference Agenda or Itinerary

Traveler's Expenses

Total Expenses

Registration Fees _____
 Lodging _____
 Airfare _____
 Auto Rental _____
 Taxi / Bus / Subway / etc. _____
 Parking & Tolls _____
 Tips/Gratuities (not on receipts) _____
 Guest Entertainment _____
 Miscellaneous _____
 Mileage Reimbursement _____
 Meal Reimbursement _____

Total Trip Cost _____

Do not put a negative (-) sign in front of the amounts below

Less: Cash Advances _____

Less: One Card Expenses _____

Total Amount Due To / (From) Employee _____

Mileage Calculation

Total Miles	Rate	Total Reimbursable
_____	x _____	= _____

Meal Calculation - Flat Rate Method (No Receipts Required)

# Travel Days	x	Rate	# Full Days	x	Rate	Total - Flat Rate Method
_____	x	_____	_____	x	_____	= _____

Travel Days typically = 2 (day of departure and day of return home)

Note: Flat Rate Method requires overnight stay

Meals included in Conference (will be subtracted from total calculated above)

# Breakfast	x	# Lunch	x	# Dinner	x
_____	x	_____	x	_____	x

-OR-

Meal Calculation - Receipt Method (Detailed Receipts Required)

Date							
Breakfast							
Lunch							
Dinner							
Total							

Total Reimbursed cannot exceed Per Diem Rate for City as listed here

<http://www.gsa.gov/portal/category/21287>

Total - Receipt Method _____

Dean/Department Approval

FOAP _____ Amount _____
 FOAP _____ Amount _____
 FOAP _____ Amount _____

TRAVELER SIGNATURE _____ DATE _____
 APPROVAL _____ DATE _____

Only needed if total was not pre-approved on a TAAR

Business Office Use Only

Reviewed By _____ Date _____
 Approval _____ Date _____
 Cash Received By _____ Date _____