



Non-Employee Travel Expense Report

Trip Details

Traveler Name _____
Address _____
Trip Destination _____
Trip Dates _____

Describe the business purpose of the trip:

Actual Out-of-Pocket Expenses

ALL DETAILED RECEIPTS REQUIRED

Date	Expense Type <i>ie: Lodging, Meals, etc</i>	Description <i>ie: Dinner</i>	Cost (\$)
Total Out of Pocket Expenses			\$ _____

Mileage Reimbursement

			Rate per Mile
Date	Total Miles	Description (Start/End Location)	Cost (\$)
			\$
			\$
			\$
			\$
Total Mileage Reimbursement			\$ _____
Total Reimbursement			_____

Traveler Certification

I certify that the above expenses were incurred while performing official business for/on behalf of Alfred University; and that no portion of this claim will be, or was previously, reimbursed from any other source.

Traveler Signature _____ **Date:** _____

Dean/Department Approval

FOAP _____

Approval _____ **Date:** _____

Second Approval _____ **Date:** _____

(if required)

Business Office Use Only

Reviewed By _____ **Date:** _____

Approval _____ **Date:** _____