



# SEATTLE UNIVERSITY TRAVEL EXPENSE REPORT

Name: \_\_\_\_\_ SU ID # \_\_\_\_\_

Address: \_\_\_\_\_

<i>DESTINATION AND PURPOSE OF TRAVEL:</i>	
Departure Date: _____	Return Date: _____

### DETAIL OF TRAVEL EXPENSES

All supporting documentation must be attached. Reimbursement will be delayed until proper documentation is received. Any questions, please call Accounts Payable – Travel at 296-5499.

Account #	Account Name	DATE	DATE	DATE	DATE	DATE	TOTAL
61501	Air Fare						
61502	Hotel / Motel						
61503	Meals						
61504	Auto Rental						
61504	Auto Mileage/ prkg						
61505	Travel - Other						
61506	Workshop Fee						

**Handling Instructions:**

Mail   
  Pick Up   
  Direct Deposit

Pick Up #: \_\_\_\_\_ Person to pick up: \_\_\_\_\_

Comments: \_\_\_\_\_

Total Expenses

Less Advance

Bal. Due Employee

Bal. Due S.U.

Traveler's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

(Print)

(Signature)

Budget # to be charged: \_\_\_\_\_ - \_\_\_\_\_