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LA SIERRA UNIVERSITY

EXPENSE REPORT

Ref. #

NAME: _____ DEPT: _____ DATE: _____

MAILING ADDRESS: _____

_____ ID # _____ EXT. # _____

ORIGINAL RECEIPTS MUST BE ATTACHED

REPORTABLE EXPENSES	TOTALS
PROVIDE DESCRIPTION OF BUSINESS PURPOSE	
MISCELLANEOUS SUPPLIES	
STAFF MEALS	
OTHER EXPENSES	

REGULAR TRAVEL-NO overnight stay			
Date	Per-diem		
	____ day(s) @ $ 50.00		$0.00
	____ day(s) @ $ 25.00 (one meal)		$0.00
	____ day(s) @ $ 16.00 (fully entertained)		$0.00
Date	Destination	Miles	
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
	Total mileage @ $ 0.585	0	$0.00
	** TOTAL REPORTABLE EXPENSES		$0.00

OTHER TRAVEL EXPENSES			TOTALS
Overnight travel requires pre-approved Travel Application			
Date	Destination	TRAVEL FARE	
Date	HOTEL (Requires Travel Application)	# of Nights	
Date	Per-diem		
	____ day(s) @ $ 50.00		$0.00
	____ day(s) @ $ 25.00 (one meal)		$0.00
	____ day(s) @ $ 16.00 (fully entertained)		$0.00
TRANSPORTATION (Taxi, Shuttle, Train, etc.)			
RENTAL CAR _____ days			
Date	Destination	Miles	
			$0.00
			$0.00
			$0.00
			$0.00
	Total mileage @ $ 0.585	0	$0.00
	TOTAL OTHER TRAVEL EXPENSES		$0.00
	**** TOTAL REPORTABLE EXPENSES**		$0.00
	LESS: CASH ADVANCE		
	TOTAL EXPENSE REPORT		$0.00

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)