APPENDIX L

Quarterly Travel Expense Report

Instructions: Submit quarterly to Ann Prohodski, Finance Department and attach ALL receipts for tolls and parking

Name:_____ Program:_____

Date Submitted:_____ Quarter: 1st 2nd 3rd 4th

Date	*Purpose*	*Miles*	*Starting Point*	*Stop(s)*	*Ending Point*

Travel Expenses: _____Total Miles x $0.47 = _____

TOLLS + _____

PARKING + _____

ADVANCE CASH TO TRAVELER – (_____)

TOTAL DUE TO TRAVELER = _____

_____ _____

Traveler's Signature **Date**

Office Use Only: Date Received _____ Invoice # _____ Prg # _____ G/L _____ Date Paid _____ Check# _____

Program Director: _____ Date: _____

Program Administrator: _____ Date: _____

Admin. of Finance: _____ Date: _____