

Travel Expense Statement Form

Name

Department

Date of Submission

Destination

Purpose of Travel

Period of Travel

Date	Description	Transportation	Meals	Lodging	Other	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grand Total						<input type="text"/>

Comments / Notes

Employee Signature

Date

Supervisor Approval

Date