

Travel Expense Statement Form

Name

Department

Date of Submission

Destination

Purpose of Travel

Period of Travel e.g. 2024-07-01 to 2024-0

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

Comments / Notes

Employee Signature

Date

Supervisor Approval

Date