



SEATTLE UNIVERSITY TRAVEL EXPENSE REPORT

Name: _____ SU ID # _____

Address: _____

DESTINATION AND PURPOSE OF TRAVEL:

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: _____ - _____