

Travel Expense Report

Name: _____ Date: _____ Account(s): _____
 Employee I.D. #: _____ Amount(s): _____
 UA Employee Yes or No Travel From: _____
 UA Student Yes or No Travel To: _____
 Purpose of Trip: _____

*Please include date/time of departure and return below.

| *DATE | TIME | DESCRIPTION | PRIVATE VEHICLE | LODGING | MEALS | PUBLIC TRANS. | MISC. |
|---------------------------|------|-------------|--------------------|---------|-------|------------------|-------|
| | | | | | | | |
| Sub-totals: | | | | | | | |
| Total Expenses: | | | | | | | |
| Less Traveler Advance: | | | | | | | |
| Traveler Repayment Check: | | | | | | | |
| Amount Due Traveler: | | | | | | | |