SIMMONS COLLEGE TRAVEL EXPENSE REPORT

Name _____ **Department** _____ **Budget** ☐☐-☐☐☐☐☐
First M Last Fund Department

Travel Purpose _____ **Please check one:** ☐ **Reimbursement** ☐ **Corporate Travel Card**

SECTION I: TRANSPORTATION Check one ☐ FACULTY/STAFF/NON-EMPLOYEE(S) (Object Code 537510)

Date	From	To	Air Fare	Taxi	Mileage Personal Auto Miles	Rate	Toll Charge	Parking	Other	Total Expenditure
						@				
						@				
						@				
						@				
						@				
						@				
									SECTION I TOTAL	

SECTION II: LODGING & MEALS Check one ☐ FACULTY/STAFF/NON-EMPLOYEE(S) (Object Code 537530)

Date	Name & Location of Hotel/Restaurant	Lodging	Breakfast	Lunch	Dinner	Names of Guests	Total Expenditure
						SECTION II TOTAL	

SECTION III: OTHER EXPENSES

Date	Description	Object Code Charged	Total Expenditure
	☐ Conference Fee	537535	
	☐ Telephone/Fax	537330	
	☐ Other (Specify & List Object Code to be charged)		
		SECTION III TOTAL	

APPROVAL

Employee Signature	Date	Employee/Non-Employee Home Address:		
*Immediate Supervisor	Date		**Total Expense**	
Cash Received by	Date	☐ Mail check or ☐ Hold check - call _____ for pickup	**Less Cash Advance**	< >
			Net Reimbursement	

See Reverse Side for Instructions
This form is to be used for travel related expenses only
Reimbursements of $100 or less at Cashier's Window; all other reimbursements to Purchasing & Accounts Payable Office
Copy/Payee